

THE DEVELOPMENT OF A PROFESSIONAL CODE OF ETHICS
FOR HEALTH SCIENCE COMMUNICATORS

By

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To the memory of our beloved Casey.

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The purpose of this study was to develop a concept of ethical behavior as expressed in a code of ethics for the National Association of Health Sciences Communications (HeSCA). A preliminary framework for the code, consisting of an initial set of fundamental principles, ethical issues, and provisions for ethical conduct, was constructed as a result of a literature review, survey data, interviews with selected HeSCA members, and a perusal of a variety of codes of ethics produced by other professional associations.

The initial code document was submitted to different samples of the HeSCA membership during four major revision cycles. The first revision cycle solicited member input regarding the completeness and appropriateness of the initial document. The second revision cycle, through ranking and rating tasks, established the priority of importance for the content of the previously revised code document. The review of the first complete draft of the code of ethics by a 6-member HeSCA subcommittee served as the third revision

cycle. The fourth and final revision cycle consisted of rating the code's overall quality in terms of its organization, clarity, comprehensiveness, and utility.

The judicious incorporation of the collective input and constructive feedback elicited from a broadly based composite of the HeSCA membership produced a concept of ethical behavior which was framed as a multi-level, hierarchically arranged professional code of ethics. This 6-page document consisted of a preamble, four fundamental principles, 12 general ethical standards, 35 specific provisions for ethical conduct, and a concluding statement.

Conclusions and recommendations from this study include the need to ground a code's ideology on recognized fundamental principles of ethical conduct, to base its guiding provisions upon ethical issues which have a perceived relevance for the professional audience, and to incorporate input from a reasonably proportionate and representative sample of the profession's members. Also, to increase the likelihood that a constructed code becomes operative within the profession, publicity and educational campaigns should be conducted to enhance its visibility and understanding, a review and amendment process should be emplaced to maintain its validity, and enforcement procedures developed and appropriately applied to assure its adherence.

CHAPTER 1

INTRODUCTION

Medicine is a discipline whose direction and consequences affect the public as a whole. Biomedical research findings, changes in medical education, technological advances, and new health care delivery systems are dynamically influencing health information and services. Most, if not all, of this health sciences information is communicated, via assorted media, through a specialized group of professionals called biocommunicators. Biocommunicators are the professionals who help to develop, produce, and transmit information in the health sciences throughout the nation.

In 1971 these professionals banded together to form a national professional association called the Health Sciences Communications Association (HeSCA). HeSCA is a specialized association of biomedical communication professionals with roots in the larger professional fields of educational communications and technology (Benschoter, 1983). HeSCA's approximately 600 members come from a cross-section of people working in biomedical communications centers which are located in university medical centers, hospitals, agencies, government, private industry, and other health science areas throughout the nation and Canada. HeSCA members are accredited at the doctoral, masters, and baccalaureate levels, and include physicians, dentists, and other health professionals with an interest in biocommunications (Council for Biomedical Communications Associations, 1985).

HeSCA has eight functional sections which encompass people with various interests in the field. These eight sections include (a) media production and distribution section, which has its origin in the Council on Medical Television; (b) applied technology section, whose members are on the cutting edge of new communications technology; (c) biomedical communications management section, which includes top level and second level administrators and section heads; (d) biomedical libraries section, which includes members with concentrations in health science libraries; (e) health education functional section, whose members are all involved in the utilization of media technology to serve health sciences educational needs; (f) instructional development section, which includes those professionals who are involved in the design, development, and evaluation of instructional products and services; (g) telecommunications networking section, which includes people who are concerned with health-related information exchange and involved with operational communications networks; and (h) still/print media section, which includes specialists with expertise in still photography, animation, graphic design, and illustration (Council for Biomedical Communications Associations, 1985).

Because these professional communicators provide the public with most of its medical information, they can have a significant impact on human health and welfare. This communicative power and influence carries definite ethical implications as acknowledged by Johannesen (1983) in his book, Ethics in Human Communication.

Potential ethical issues are inherent in any instance of communication between humans to the degree that the communication can be judged on a right-wrong dimension, involves possible significant influence on other humans, and to the degree that the communicator consciously chooses specific ends and communicative means to achieve those ends. (p. 1)

Thereby, the question of moral and ethical responsibility for the information produced and disseminated in the mass media assumes importance. This importance increases as human rights and individual autonomy become dominant political themes and

as authoritarian and hierarchial decision-making conflict more with pluralism and personal freedom of choice. In practical terms this means that

biocommunication professionals cannot shift the burden of ethical responsibility for their own professionalism to other segments of the health care team (e.g., the physician or hospital administrator). The "diffusion of responsibility" is a beguiling temptation, especially within a traditionally hierarchial, authoritarian system such as medicine with its clearly regulated 'chain of command'. However, when human rights become the concern of only one segment of society, the supposed "watchdog" (whether it be the physicians, the courts, or the government) may then become accountable only to itself. Professionalism entails accountability: the obligation to a higher authority for satisfactory performance of assigned duties. A profession's code of ethics thus becomes an important source and standard of accountability. (Salladay & Singarella, 1982, p.24)

Rationale for a Code of Ethics

Perhaps the overarching reason for a communications association, such as HeSCA, to promulgate a code of ethics stems from its access to the broadcasting media and "the power of these media to educate and inform" (Warnock, 1985, p. 105). A code provides a mechanism to promote recognition and respect for the trust and social responsibility inherent to mass communication.

As an associate of the health care team, the biocommunicator shares a basic commitment to the improvement of health delivery to the public. This service to the public's welfare is portrayed by providing the specialized media support needed for enhancing the education and training of health care students and professionals and for creating and disseminating public health information. Whether consulting on the instructional design of a health education program or transforming research findings into visual media for medical staff, the biocommunicator assumes an ethical obligation to offer communication and technology services which not only meet the needs of the client population, but do so in a manner consistent with high ideals and principles.

Many ethical dilemmas confront biocommunicators in their practice. Conflicts occur, for instance, when two sets of values suggest different courses of action. As observed by May (1980), "the question of conflicting loyalties besets all professions across the spectrum, especially inasmuch as the professional who announces loyalty to the client may also work for an institution with its own purposes" (p. 217). Others, too, have seen the potential problems raised by such underlying dilemmas:

When a conflict becomes apparent or when rights are on shaky ground, what professional responsibility does a biocommunicator use to determine her or his choices or courses of action? Should the biocommunicator ever question the physician? To whom does the biocommunicator owe his or her first allegiance: the patient, the institution, or the client? What happens when multiple allegiances conflict? (Salladay & Singarella, 1982, p. 24)

Singarella and Salladay (1981) have voiced their concern for individuals unable to turn to their professional association for a model of ethical conduct. "In the absence of such they may form their own personal code . . . unfortunately, individual codes may conflict or may be only 'rationalized self-interest.' This points to the need for collective consideration and formulation of a code" (p.13).

Campbell (1972) also saw the absence of a professional code as a potential problem. He observed that what often happens in facing moral dilemmas is that individuals seek to resolve the uncertain situation "by elevating their personal convictions to the status of all embracing rules which must apply to every situation, whatever its complexities and ambiguities . . . or try to reduce all moral matters to questions of technical skill" (p.6).

Others within the biomedical field have also supported the need for codes of conduct to help guide the behavior of professionals functioning in the field.

Because physicians, scientists, and others who use the biomedical communication system assume that the information so stored and retrieved is honest and accurate, and because the application of that information often affects the lives of human beings, a code of biocommunication ethics is important. . . . These guidelines have not

yet been systematized, however, as have those for the biomedical research that underlies much of the information. (DeBakey, 1978, p. 189)

Persons whose lives are affected by the institutions and agencies within modern biomedicine are entitled to reliable expectations about the stance of medical professions toward certain ethical issues. The only way to provide for such expectations is through the formulation of general policies, i.e., sets of rules and principles that guide the conduct of those who work within the institutions. (Solomon, 1978, pp. 407-408)

There is a need for formulation, clarification, and justification of the ethical principles that can help to resolve ethical conflict and guide social practices. This is especially important in an age dominated by rapid changes in the technology of communication systems, increasing interpersonal interdependence, and expansion of governmental and institutional control over sensitive information. (Winslade, 1978, pp. 198-199)

Thus, the problem facing HeSCA was the lack of a well developed, single set of ethical standards which would appropriately apply to the wide variety of biocommunicators working in the field. The HeSCA membership felt that a professional code of ethics was "essential to full professional identity and unity, . . . and necessary for depth-level professionalization of the field of biocommunications" (Salladay & Singarella, 1982, p. 25). As an outcome of this perceived need for creating a set of unifying ethical guidelines for the biocommunication field, HeSCA invited this investigator to assume the leadership in writing a code of ethics for the professional association.

Statement of Purpose

The specific purpose of this study was to develop a concept of ethical behavior as expressed in a code of ethics for the National Association of Health Sciences Communications (HeSCA). Relative to this purpose, answers to the following specific questions were sought:

1. What fundamental principles should underlie the professional behavior of HeSCA members?
2. What kinds of ethical issues arise in the professional roles of HeSCA members?
3. How will the provisions for HeSCA's code of ethics be derived?

4. How will constructive feedback be derived from the HeSCA membership and be incorporated into the code?
5. How will the quality of HeSCA's developed code document be assessed?
6. How will HeSCA's code of ethics be structured?

Significance of the Study

A substantive outcome of this study was a written code of ethics which can serve as a common basis for defining appropriate professional behavior for the wide variety of employees working in the biocommunication field. The code contained a common ideology and set of standards for guiding professional conduct in the biocommunications field. Furthermore, the development of a written ethical code served as a public proclamation to uphold ethical standards in professional practice and, thereby, enhanced the professional standing of all HeSCA members. The methodological benefit of this study was the assessment of the strategy employed to develop a code of ethics. The code development process, in and of itself, was beneficial in increasing the awareness among biocommunicators about ethical issues which confront the profession.

Design of the Study

Following a review of the literature, an analysis of data from a prior HeSCA ethics survey, interviews with biocommunicators, and a perusal of published professional codes of ethics, an initial conceptual framework for the HeSCA code was constructed. This beginning code document was submitted to four revision cycles prior to its ratification by HeSCA. A sequential inquiry process was used as the primary method for systematically collecting input from different samples of HeSCA members. The first revision cycle essentially required HeSCA members to expand upon and/or react to the issues, principles, and provisions included in the code's initial framework. The second revision cycle sought priority for all the items (i.e., issues, principles, and provisions) included in the

expanded framework. The third cycle consisted of a review and critique of the first complete draft of the code by a subcommittee of HeSCA's Board of Directors. The fourth and final round of revision was designed to elicit an estimate of consensus among the HeSCA membership regarding the completed code's organization, clarity, comprehensiveness, and utility.

Delimitations and Limitations

1. The study was limited to the 1986 national membership of the Health Sciences Communications Association (HeSCA). Therefore, the results of the study may be generalized to other non-affiliated biocommunicators only to the degree that the population and conditions resemble the ones studied.

2. The study included the considerations of partially self-selected samples of the HeSCA membership as to the standards of ethical conduct that should govern biocommunicators in their daily work roles. Therefore, a selection bias may have been present.

3. The statistical analysis was confined to descriptive statistical methods.

4. The study was executed within the constraints created by HeSCA's timetable for completion and by review procedures requested by HeSCA's Board of Directors.

Assumptions

1. It was assumed that any consensus reached by the HeSCA members who participated in this study reflected the opinions held by all or most this organization's members.

2. It was assumed that the general ethical principles that served as underpinnings to the code of ethics represented fundamental values of western society.

Definition of Terms

Biocommunicator is a professional who assists in the design, production, and transmission of medical and health-related information.

Code is a set of standards of professional conduct set up by an organized group and usually reinforced by certain group punitive measures against nonconforming members.

Ethics is a normative concept that deals with principles or standards of right and wrong conduct which govern the behavior of individuals.

Ethical issue is a topic of debate or controversy related to the rights and interests of others that arise in professional practice.

Ethical principle is a general or fundamental truth on which ethical standards are based or from which standards are derived.

Professional behavior is characterized by or conforming to the technical and ethical standards of a profession.

Profession is an occupation generally characterized by requiring specialized training or education of exceptional duration, possessing a formalized organization which regulates standards for entry, and emphasizing the concept of altruism and service to the vital needs and interests of society.

Provision is an explicit statement of a rule for ethical conduct which flows from an accepted standard of professional behavior.

Standard is a broad, general guideline for ethical conduct that addresses a particular issue of professional importance, and which is derived from a fundamental ethical principle.

Organization of the Study

The remainder of this dissertation is divided into four chapters. A review of the literature is provided in Chapter 2. This review is presented in six major parts. The historical ideas, people, and events which significantly influenced the evolution of codes of ethics are reviewed in the first two sections. The third section includes an overview of the

rise of the professions and the emergence of the concept of professionalism. In the fourth section the functional role and the limitations of professional codes of ethics are considered. General issues related to the formulation of professional codes of ethics are examined in the fifth section. The sixth section is concluded with a discussion of specific findings in the literature which served as a conceptual basis in the construction of HeSCA's code of ethics.

Chapter 3 is focused on the design and execution of the study including the methodology, sample populations, instrumentation, and data collection and analysis.

Presented in Chapter 4 are the findings produced by the mailings, a workshop, and a board of director's review session, which were the major data-gathering components used to develop and refine the resulting code of ethics.

A summary of the study, along with recommendations to professionals who plan to develop a code of ethics for their organizations, is presented in Chapter 5.

CHAPTER 2

REVIEW OF THE LITERATURE

The first two sections of this review was focused on an overview of the early origins of moral codes and the evolution of ethical ideals which serve as precedents to today's professional codes of conduct. The rise of the professions and the emergence of the concept of professionalism is then discussed in section three. This is followed by an examination of the role and function of a professional code as well as a code's limitations and weaknesses. The final two sections are focused on important considerations for designing a code of ethics; particularly those factors that influenced the direction taken in formulating a conceptual framework for the HeSCA code.

Ancient Origins of Codes of Morality

Our contemporary codes of professional ethics have historical precedents and are products of a long evolutionary process. Centuries of behavioral observations, proven to be expedient and profitable to the long-range well being of the individual and the social group, were accumulated and gradually distilled into religious and social truths. These social and religious ideas of the past give substance and foundation to our contemporary social thought and actions. Highlighted subsequently are some important origins of early moral thought that have significantly contributed to the moral grounding of Western society. The consideration of these early origins can provide insight as to the influence that religious and cultural heritage have had upon the ethics of professionals.

Folkways and Customs

The informal folkways, customs, and religious beliefs of ancient tribes and clans were the likely precursors to any formal codification of moral conduct. These "approved" ways of acting were passed down from generation to generation as group sanctioned customs or "mores", and the welfare of the group was seen to be dependent upon them (Dewey & Tufts, 1923). As described by Taeusch (1926),

mores were recognized by the tribe as having had a beneficent effect, as having contributed vitally to the persistence and survival of the tribe. Any breach of the mores aroused a group resentment. . . . The mores, while rigidly adhered to, were not always explicitly defined. And they often conflicted, especially when groups amalgamated, or when one tribe dominated another. This situation gave rise to the necessity of formulating a system of laws. (p. 77)

The power to determine the standards by which the tribal members should live rested with the entire tribal community. The tribe in this sense was not conceived as just the collection of surviving members but as "an historical entity embracing past, present, and future generations" (Coulson, 1964, p. 9). Through generations of experience, these developed folkways and mores gradually standardized into systems of rules and laws.

Ancient Proverbs

Proverbial lore was a common way to preserve and transmit the generalized experience of people among ancient societies, particularly among the preliterate (Hertzler, 1936). These homely, terse truths typically reflected the social philosophy, morals, manners, and rules of conduct of the community. They provided simply stated and easily understood behavior formulas for living successfully in organized human groups. The rhythmic, epigrammatic form of proverbs and aphorisms facilitated their recall, thereby heightening their effectiveness in prompting people to reflect upon their personal conduct and their relations and duties toward their neighbors. The inculcating of moral

values and virtue through proverbs was practiced widely among the ancient civilizations of Egypt, Babylonia, and China as evidenced in such ancient wisdom literature as The Teachings of Amen-em-apt, The Teachings of Ahikar, and the Confucian Analects (Eby, 1944; Harkness, 1954; Hertzler, 1936; Sneath, 1927).

One of the most famous collections of proverbial instruction is the Jewish Book of Proverbs which dates back to the 3rd century B. C. The bulk of the some 3000 proverbs contained in its text focus on social relations and include numerous admonitions to pity the poor and underprivileged and avoid oppression, bribery, perjury, and any other type of false dealing (Harkness, 1954; Hertzler, 1936). The first few lines from its preamble clearly describes its purpose. "That men may get wisdom and discipline, may understand words of discernment, may receive training in wise conduct in that which is right, just, and honorable" (Hertzler, 1936, p. 318). An ethical and prudential motive was clearly its intent. This vast repository of social wisdom has maintained its universal appeal and has had an enduring influence on moral thinking throughout the ages (Hertzler, 1936).

The Golden Rule

Perhaps the most classic and universal proverb that has emerged from the mores of the past, and still serves as a basis for modern codes of ethics, is what is commonly regarded as the "golden rule". Although it summarizes the Christian duty to love one's neighbor, it was not peculiar to Christianity. Amen-em-apt clearly stated this principle in ancient Egypt around 2200 B. C., and it was found inscribed on a Babylonian clay fragment which may have been even older (Hertzler, 1936). This ideal also traces back to the Confucian principle of reciprocity or "shu" which appears in the Analects, a collection of moral proverbs and parables attributed to Confucius (551 - 479 B.C.) and his second and third generation disciples (Eby, 1944).

Tsekung asked, "Is there one single word that can serve as a principle of conduct for life?" Confucius replied, "Perhaps the word reciprocity (shu) will do. Do not do unto others what you do not want others to do unto you." (Yutang, 1938, p.186)

This fundamental ethical principle has also appeared in one form or another in the writings of Plato, Aristotle, Isocrates, and Seneca (Goetz, 1986). All of the world's major religions include some version of this well known rule (Hine,1970). Gurley (1961) specifically identified eight religions or life philosophies for which this rule serves as the core for the ethical affairs of men. A few of his examples show the variety of ways that this ethical theme has been expressed:

No one of you is a believer until he desires for his brother that which he desires for himself (Islam); Hurt not others in ways that you yourself would find hurtful (Buddhism); Regard your neighbor's gain as your own gain, and your neighbor's loss as your own loss (Taoism); All things whatsoever ye would that men should do to you, do ye even so to them (Christianity). (p. 15)

This central thought persists in today's professional codes of ethics as exemplified in the following excerpt from the preamble of the American Dental Association's Principles of Ethics and Code of Professional Conduct :

The maintenance and enrichment of professional status place on everyone who practices dentistry an obligation which should be willingly accepted and willingly fulfilled. . . . This obligation has been summarized for all time in the golden rule which asks only that "whatsoever ye would that men should do to you, do ye even so to them." (American Dental Association, 1986, p. 1)

The timelessness and widespread advocacy of this maxim attests to its inherent validity as one of the world's great social rules. Furthermore, this general ethical formula has the potential to provide intrinsic guidance when one operates in those areas of social life not yet standardized in group opinion or law.

Egyptian Precepts

Ancient Egyptian papyri, monumental inscriptions, and clay tablets offer the earliest existing written specimens of social thinking (Hertzler, 1936). The most important of these is a series of lists of precepts which were written and compiled from the Third Dynasty (3190 B.C.) to Ptolemaic times (306 B.C.). These admonishments created a social code for the social relationships and social obligations of the official classes. The authors were high officials and rulers who wished to pass on a repository of wisdom for living and ruling to help their peers lead reputable lives. Their precepts were a specific means of maintaining social discipline and order in human relationships (Hertzler, 1936). While these lists of precepts lacked a logical arrangement and a formal organization in their presentation, they did display a highly developed sense of human nature and knowledge on the essentials for living comfortably and prosperously with others. "They inculcated proper behavior to superiors and inferiors, official and personal, to people generally, and to property, because it is worthwhile for the individual to do so" (Hertzler, 1936, p. 72). While expediency and politics were often stressed, purely humanitarian and disinterested motives were also in evidence in these writings (Hertzler, 1936).

Hammurabi's Babylonian Code

The oldest surviving written code regulating human behavior is attributed to Hammurabi, King of Babylon. Although written around 2250 B.C., this code probably goes back to Sumerian laws which were a thousand years older (Ackerknecht, 1982). Hammurabi's code represented a monumental achievement in incorporating earlier laws and codifying established customs into a standard law of the land. The code consisted of 282 short statements about how man should behave in relation to his fellowmen (Hine, 1970).

Many of the code's provisions had to do with property rights. There were, in addition, statements about contracts , partnerships, rents, wages, moneylending, debts, marriage, inheritance, and adoption (Edwards, 1921; Harkness, 1954). Provisions for regulating physician fees (adjusted to the social status of the man being charged) and severe penalties for careless medical practice were also included as illustrated by the following excerpt:

If the doctor shall treat a gentleman and shall open an abscess with the knife and shall preserve the eye of the patient, he shall receive ten shekels of silver. If the patient is a slave, his master shall pay two shekels of silver. If the doctor shall open an abscess with a blunt knife and shall cut the patient or destroy the sight of the eye, his hand shall be cut off. (Edwards, 1921, p. 77)

This surviving code of Babylonian law was an early attempt to formulate systematically some normative standards which would serve "to protect the individual from the dishonesty or carelessness of other individuals" (Harkness, 1954, p. 80)

Hebrew Heritage

The early Hebrew religious law codes and the teachings of the prophets provided many of our basic concepts of morality and the social conduct of man. The Decalogue or "Ten Words," in which Moses laid down God's commandments in simple, elemental, and fundamental principles for the guidance and control of his people, has evolved as part of the universal code for moral conduct in the Judeo-Christian world.

The Covenant Code, dated from the 8th or 9th century B. C., has been regarded as the earliest existing example of a Hebrew religious law code (Smith, 1931). The close resemblance between this code and the much earlier Hammurabi code has led to the strong inference that Hammurabi's code was its progenitor (Edwards, 1921). Although the Covenant Code's provisions were fewer in number and simpler in expression, its regulations were far ahead of the Code of Hammurabi in its religious and humanitarian qualities, and its stipulations gave evidence of a highly developed sense of honesty and an

emerging social consciousness. There were provisions regarding the degree of responsibility involved for theft and one's responsibility for damaged property which had been entrusted to one's charge. Regulations concerning male and female slaves, personal injuries, bribery, arson, and breach of trust were included as were directives on offenses against the family and sexual offenses. Absolute impartiality in the administration of justice was also stressed in this code with no favoritism shown to the rich or the poor (Harkness, 1954; Smith, 1931).

Sometime in the 7th century B. C., the Deuteronomic Code evolved as a revision and expansion of the Covenant Code (Smith, 1931). Its legislation was much more socialized and gave evidence of a social group concerned with the behavior of its members and the consequences of behavior (Carmichael, 1974). These early Hebrew religious law codes "had a large ethical content and were a potent force in the direction of social justice" (Harkness, 1954).

The Jewish Talmud was another ancient source for moral guidance. While the Covenant and Deuteronomic codes may be more closely associated with early Hebrew legislation, this authoritative collection of Jewish tradition was intended for the cultivation of ethical and moral behavior among the Jewish populace (Mielziner, 1968). The Talmud was the work of Jewish teachers over a period of about 8 hundred years (300 B.C. - 500 A.D.) and contained the theosophical views, ethical maxims, and interpretive remarks of those teachers (Mielziner, 1968). These ethical teachings were presented as concise, pithy statements or in parables illustrating certain moral duties and virtues. Justice, truthfulness, fidelity, peace and harmony, and charity were among the cardinal virtues discussed regarding man's relation to man (Mielziner, 1968). Again, the classic

and universal reciprocity principle was evident in the Golden Rule of Hillel: "Whatever would be hateful to thee, do not to thy neighbor" (Mielziner, 1968, p. 273).

The Talmud did not treat ethics as a coherent theory or philosophical system to be only a matter of concern to the Talmudic sages; instead, the ethical teachings of these popular lecturers were intended to reach the Jewish masses and influence their conduct of life (Mielziner, 1968). The Talmud's value to our moral heritage is aptly expressed by Rabbi Dr. Samuel Adler in this excerpt he wrote for an American encyclopedia:

With the consideration of the ethical significance of the Talmud we approach the highest level, the crowning portion of the whole work. . . . What is laid down as the moral law in the Talmud can still defy scrutiny at the present day; and the very numerous examples of high moral views and actions on the part of the Talmudists are such as cannot be found in any work of antiquity. (Cited in Mielziner, 1968, pp. 110 - 111)

Aristotelian Influence

The philosophical writings of Aristotle have imbued our contemporary professional codes with the ethical notions of virtuous, gentlemanly behavior and justice (Beauchamp, 1982). A fundamental theme of all Greek life was measure, order, and proportion, and this theme was expressed not only in their science and art but also in their conception of ethical conduct (Harkness, 1954). In Aristotelian terms, "virtuous conduct chooses the mean between two vices: one of excess, the other of deficiency" (Beauchamp, 1982, p. 161). Thus, virtuous behavior showed moderation and temperance in action, and "just" acts placed prominence on ordering, regulating, and harmonizing (Dewey & Tufts, 1923).

Aristotle's Nicomachean Ethics (Ross, 1925) has been regarded as one of the most discerning ethical treatises ever written (Harkness, 1954). In this work he laid out a complement of moral virtues that were taken to be the code of a gentleman in contemporary Greek society (MacIntyre, 1966). The four great Greek virtues of

wisdom, courage, temperance, and justice were expanded to include the virtues of liberality, magnificence, gentleness, friendliness, truthfulness, and decorous wit (Harkness, 1954; MacIntyre, 1966; Sidgwick, 1964). These virtues were not inborn, but were moral habits deliberately acquired through disciplined practice; that is to say, "we become just men by performing just actions" (MacIntyre, 1966, p. 64). Virtuous behavior provided a coherent theme for the form and style of a good man and a life of wellbeing.

Also emerging from the Nichomachean Ethics was Aristotle's theory of justice which served as an influential starting point for all later theories of justice (Beauchamp, 1982). In its broadest sense, justice was seen as the greatest and most complete virtue or "virtue entire" (Ross, 1925, p. 1129b); and, thereby, "the best man is not he who exercises his virtue towards himself, but he who exercises it towards another; for this is a difficult task" (Ross, 1925, p. 1129b). In more specific terms, Aristotle distinguished three forms of justice: justice in distribution, justice in retribution, and justice in exchange (Ross, 1925). All were based upon his formalized principle of justice which stated that equals ought to be treated equally and unequals unequally, but in proportion to their relevant differences (Beauchamp, 1982).

Teachings of Jesus

The teachings of Jesus, through the literature of the four canonical Gospels, laid an emphasis on humanitarian and altruistic ideals. Although built upon the monotheism and moral ideals of the Old Testament prophets, his teachings gave a new reality to the moral law by sweeping aside the ceremonial side of Jewish law and centering attention on the pure and essential aspects of morality (Eby, 1944; Sneath, 1927).

Three ideas embedded in the teachings of Jesus were particularly influential in shaping some important notions of ethical conduct. First, every human being was infinitely valuable in the eyes of God and, thereby, worthy of respect and compassion. Thus, the love of one's neighbor was coupled with love for God as a governing ideal. Good will toward one's fellow man involved forgiving those who trespass against us, showing kindness to the unthankful, and protecting and caring for the weak (Eby, 1944; Sneath, 1927). Giving prominence to motive in determining the morality of deed was another important idea. That is to say, the moral quality of an act was based on the thought or intent behind it. This inwardness of morality highlighted the concept of willfulness in conduct (Eby, 1944; Sneath, 1927). Finally, an ascetic lifestyle and service to God through humanitarian and charitable acts were integral to his teachings. In particular, service was the principle of precedence rather than power, and good will, sincerity, and humility were primary virtues (Eby, 1944; Sneath, 1927). Beneficence and love of one's fellowman was described as the crowning contribution of Christianity to moral conduct. "It is . . . the impulse given to practical beneficence in all its forms, by the exaltation of love as the root of all virtues, that the most important influence of Christianity on the particulars of civilized morality is to be found" (Sidgwick, 1964, p. 121).

Kant's Categorical Imperative

The 18th century German philosopher, Immanuel Kant, was another significant contributor to the conceptual underpinnings of moral behavior. The well known Kantian principle, "the categorical imperative" has been compared to the golden rule as a fundamental criterion for determining whether an action or principle is moral. His supreme principle dictated that one ought to "act only on that maxim through which you

can at the same time will that it should become a universal law" (Paton, 1948, p.88). It was "categorical" in the sense that it was unconditionally binding and "imperative" because it mandated how one ought to act (Beauchamp, 1982). According to Kant, the basis for the validity of moral rules rested in pure reason; that is, they must be founded on principles of reason that all rational beings possessed in common. Thus, the ultimate test for assessing the morality of a particular behavior was to regard the action as a universal maxim, and then decide whether all rationally thinking people would accept it regardless of whether they were initiators or receivers of the action (Nell, 1975).

The social experience and moral insight accumulated from these exceptional people and cultures from ancient times have had a profound impact upon the moral and social thought of western civilization. In spite of vast differences in time, region, and culture, there existed a remarkable homogeneity among the ancient civilizations with respect to basic social and moral ideas. As noted by Hertzler (1936), "the differences are those of development and degree, rather than of kind" (p. 363). Thus, through a slow process of cultural diffusion, the moral ideals and standards of yesterday have been woven into the moral fabric of today.

The Rise of Professions and the Emergence of Professionalism

The roots of today's professions, and the contemporary ideal of professionalism, can be traced back to the rise of the university and the organizational movements in medieval Europe. An examination of the evolving notion of professionalism provides a basis for understanding and appreciating the common ethical principles and ideals which underlie professional conduct.

Origin of Professions

A wave of affiliation spread over Europe during the 12th and 13th centuries, an outcome of which was the formation of associations of teachers and students into "guilds of learning" and the eventual rise of the university as an institution (Carr-Saunders & Wilson, 1962; Larson, 1977). Since the medieval culture was essentially religious, universities came under the dominance of the Church and all students customarily took minor ecclesiastical orders. The medieval university curriculum was uniformly organized around "the Faculty of Arts and the three superior Faculties of Theology, Law, and Medicine" (Carr-Saunders & Wilson, 1962, p. 200). Physicians, lawyers, and civil servants were members of the clerical order who had assumed special functions; their maintenance and promotion were through ecclesiastical preferment (Carr-Saunders & Wilson, 1933). Thus, these church controlled medieval universities became the early training grounds for the emerging professions. "To the great mass of the younger students, the university was simply the door to the Church; and the door to the Church at that time meant the door to professional life" (Rashdall, 1895, p. 696). Those who chose the intellectual and contemplative life "professed" it; they publicly betrothed themselves to it by declaration and vow. In this sense then the clergy is commonly regarded as the original profession in that it was the vocation or "calling" (vocatio) from which all academics evolved (Carr-Saunders & Wilson, 1933; Wolff, 1969).

The 14th and early 15th century began the disintegration of religious authority which resulted in the emancipation of law and medicine from ecclesiastical control and their eventual formation as secular guilds (Cogan, 1953). The Reformation accelerated the separation between Church and State and, with the exception of teaching which remained a cleric role long after the Reformation, the process of secularization was

complete by the 16th century (Carr-Saunders & Wilson, 1933; Elliott, 1972). During this period of religious reform, Luther and Calvin laid the foundation for regarding all occupations as being a service to God and mankind thereby extending the concept of a "divine calling" to all legitimate labor (Reeck, 1982).

The secularization of law and medicine was hallmarked in England by the establishment of the Inns of Court in the early 15th century and the Royal College of Physicians in 1518 (Carr-Saunders & Wilson, 1933). By the beginning of the 18th century, divinity, law, and medicine reigned as the recognized learned and gentlemanly professions (Carr-Saunders & Wilson, 1933). Nonetheless, larger and less exclusive occupational groups, namely, the surgeons, apothecaries, scriveners, and common attorneys, were developing alongside these high status professions (Elliott, 1972). These vocations, which attained professional status at a much later time, emerged directly from secular guilds rather than from an ecclesiastical background. These occupations were productive and committed to serving the vital needs of a rapidly expanding urban population. However, their pragmatic inclination and association with trade and commerce kept them separated and nonaffiliated for a long time from the socially elite barristers, physicians, and diplomats (Elliott, 1972).

Concept of Professionalism

After an extensive literature review, Cogan (1953) was unable to identify an authoritative definition for a "profession." This problem in finding a universally accepted description was not due to any inability in identifying traditional traits of professions, but rather to the difficulty in measuring the degree to which these traits must be present. Others also have viewed the distinction of a profession from a nonprofession as being a quantitative rather than a qualitative matter. That is to say, they have seen all occupations

as being distributed along a continuum of professionalization, with the nonprofessional vocations often possessing similar traits as recognized professions, but to a lesser degree (Greenwood, 1983; Kipnis, 1983; Moore, 1970).

As difficult as it may be to reach consensus on an all encompassing and authoritative definition for professionalism, particular definitional elements are traditionally regarded as being important, if not crucial, underpinnings to the notion of professionalism.

Descriptions of a "professional" practitioner commonly include the following four essential components:

1. Expertise founded on a theoretical body of knowledge acquired through a high level of education of exceptional duration (Bledstein, 1976; Carr-Saunders & Wilson, 1933; Cogan, 1953; Elliott, 1972; Friedson, 1983; Greenwood, 1983; Kipnis, 1983; Kultgen, 1982; Moore, 1970; Reeck, 1982).
2. A strong service and altruistic orientation directed toward the vital interests of others (Bledstein, 1976; Carr-Saunders & Wilson, 1933; Cogan, 1953; Friedson, 1983; Kipnis, 1983; Kultgen, 1982; Levi, 1964; Moore, 1970; Pellegrino, 1983a; Reeck, 1982; Wilensky, 1964).
3. A high degree of professional authority and autonomy (Friedson, 1983; Greenwood, 1983; Kipnis, 1983; Kultgen, 1982; Levi, 1964; Moore, 1970; Reeck, 1982).
4. An obligation for responsible self-governance and upholding the public trust (Bayles, 1983; Callahan, 1982; Kultgen, 1982; Levi, 1964; Moore, 1970; Pellegrino, 1983a; Reeck, 1982).

Each of these defining elements of professionalism will be briefly discussed to highlight its conceptual relationship to the idea of professionalism.

Professional education

Those associated with the universities were in possession of esoteric knowledge and were fluent in Latin and Greek. These intellectual assets gave them favored social status and entry into the world of the elite, thus widening the separation between the "learned" professions and the guilds of trade and commerce. It was not practical skill, but the liberal and classical education of a gentleman which symbolized the attainment of professional status and gave access to social position and privilege. For example, the 18th century physician "might have extensive learning in classic literature and culture, but he depended on his gentlemanly manner, impressive behaviour, and his clients' ignorance, to develop a medical practice" (Elliott, 1972, p. 28). Thus, up through the 18th century, university education in the high status professions accentuated social accomplishment over specialized knowledge and practical talent (Carr-Saunders & Wilson, 1933).

The Industrial Revolution, along with population growth and urban development, created a need for more specialized skills and services (Elliott, 1972). The lower status occupational professions, therefore, were provided a timely opportunity to assert their specialized knowledge and competence in meeting society's demands. Training through apprenticeship was the common form of education, and testing for entry to these lower occupational guilds was centered around demonstrated technical competence rather than social accomplishment. (Carr-Saunders & Wilson, 1933; Elliott, 1972). The Society of Apothecaries, through the Apothecaries Act of 1815, was the first preprofessional body to assume serious responsibility for training and licensing by linking this to a formal system of examinations and educational requirements (Carr-Saunders & Wilson, 1933; Elliott, 1972). Eventually, more specialized preprofessional training and anonymous certification became a prerequisite to a claim of superior competence. The concept of

professionalism gradually acquired a less socialized meaning and became more closely associated with a special competence. A recognized professional was one who "professed" to be duly qualified and responsible for a particular technical skill (May, 1983).

Continued scientific advancement and industrial progress demanded new intellectual techniques and knowledge bases. Apprenticeship training gradually yielded to formalized education as the function of theory and scientific knowledge acquired greater importance. The need for formal professional education promoted the rise of single-purpose professional training schools as well as the involvement of established universities in professional education. Their intent was to pass on a central core of professional knowledge and skill, develop recognized occupational expertise, and ensure that their graduates mirrored the image of a professional man in their field (Elliott, 1972).

Today, the mastery of a systematic body of theoretical knowledge through a long period of education and training has become one of the cardinal characteristics of a professional. It is this special knowledge base which gives the professional unique judgment and expertise thereby allowing the claim of competence in serving the vital interests and needs of society.

Professional service

"The obligation of the professional man to give his services whenever called upon, and without exercising capricious discrimination . . . is very generally recognized" (Carr-Saunders & Wilson, 1933, p.421). This obligation to serve the needs of one's fellowman has been a historically important and clearly articulated component of Christian morality. "Whoever would be great among you shall be your servant" (Mark 10:43). "Everyone to whom much is given, of him much will be required" (Luke 12:48). This Christian ethic and the ideal of simple apostolic Christianity was given revival and

strengthening in the 16th century. The medieval monastic orders were exemplars of charitable care and benevolence to those in need.

Profession took on an even more explicitly religious meaning, beginning in the later Middle Ages, as the act of public declaration of a cleric who, on entering one of the orders, "declared" his dedication to a life of special service and devotion. (Pellegrino, 1983b, p.187)

The code of chivalry, which was prominent in the Middle Ages, has brought us one of the earliest ideals of professional service. Although an ideal of knighthood, it highlighted "the duty of noble service willingly rendered" (Widgery, 1940, p.89). When the knight in warfare vanished, this spirit of chivalry lingered in manners, in morals, and in the relations of the governing class. Ultimately, the character of the knight converted into that of the gentleman (Hearnshaw, 1928). As a code of honor and good form, this ideal has left an enduring mark on western society. Its merit for ethical conduct and benevolent service has been aptly noted by Hearnshaw (1928):

It has transmitted to us an incalculably valuable treasure of lofty principle and noble precedent. . . . Above all, it inculcated an ideal of social service; service without remuneration; service of the weak by the strong; service of the poor by the wealthy; service of the lowly by the high. (pp. 32-33)

This ideal of service gradually lost its religious grounding and took on more of an elitist and privileged tone, evolving into the Victorian image of the professional as a higher status gentleman (Pellegrino, 1983a). The ideal of public service and the obligation of public trust became vested in those who were fortunate to have had the opportunities of birthright and education (Elliott, 1972).

The recognized gentlemanly professions traditionally have remained separated from trade and commerce (Carr-Saunders & Wilson, 1933). Contrary to the self-orientation and profit motive assumed of the tradesman, an altruistic commitment was expected from the professional. Thereby, dedication to serving a client's interest was to take precedence

over the acquisition of personal profit or reward (Levi, 1964). Thus, in the words of Wilensky (1964), "the service ideal is the pivot around which the moral claim to professional status revolves" (p. 140). Benevolent service became the "sine qua non" of professionalism.

Professional authority and autonomy

The theoretical and esoteric body of knowledge acquired through extensive education provided the basis for a profession's asserted authority (Greenwood, 1983). The public, not being equipped to comprehend the profundities of a professional's discipline, surrendered to its authority. This subordination to authority ultimately invested the professional with a monopoly of unique expertise and judgment. This exclusive possession of special knowledge, and its perceived potential for benefiting the community, resulted in society's granting the professions functional autonomy (Camenisch, 1983). However, this recognition of professional autonomy was accompanied with the understanding that the professions would apply their respective expertise responsibly in advancing the community's welfare and interests (Greenwood, 1983).

The historical roots of professional autonomy trace back to the medieval guild system. These self-governing trade and craft associations exercised close control over the recruitment and training, as well as the performance and practice of their members (Carr-Saunders & Wilson, 1933). An operating assumption was that the public interest was served best by ensuring quality production through close apprenticeship and certification. Thus, an outcome of the guild system was to limit and control competition (Elliott, 1972). As noted by Bledstein (1976), this concept carried into the professional realm: "Professionals controlled the magic circle of scientific knowledge which only the few, specialized by training and indoctrination, were privileged to enter" (p. 90).

Ceremonial functions and special rituals served to enhance the mystique of this intellectual power and strengthened the professions' jurisdictional claim.

The more elaborate the rituals of a profession, the more esoteric its theoretical knowledge, the more imposing its symbols of authority, the more respectable its demeanor, the more vivid its service to society--the more prestige and status the public was willing to bestow upon its representatives. (Bledstein, 1976, p. 94)

Hence, the public acquiesced to respect the autonomy, obey the authority, and trust the integrity of those whose claim to power lay in the possession of the "sacred science".

Professional responsibility and regulation

Society's granting to professionals the authority to act in a relatively autonomous manner contains the potential for the abuse of this power and privilege. Both Callahan (1982) and Pellegrino (1983b) have pointed out that this inequality of power between the lay public and the professional creates special obligations for the professions. Camenisch (1983) viewed this obligation as being an "atypical commitment" created by a fiduciary relationship between the public and the profession. A binding moral understanding exists between the professional and society whereby the professional promises to respect the privilege and power provided and to execute service obligations in a highly competent and selfless manner. There is an implicit trust that the professional is committed to serve the best interest of society. Thus, the professions are expected to assume the responsibility to police and protect this public trust.

The regulation of professional competence is generally managed through the profession's determination of its standards for education and training as well as through its control of the certification and licensing of its members. Oaths and codes of professional conduct are often used as public proclamations of the profession's dedication to meeting the community's needs and promoting its wellbeing. "Through its ethical code the profession's commitment to the social welfare becomes a matter of public record,

thereby assuring for itself the continued confidence of the community" (Greenwood, 1983, p. 26). Without this public confidence and trust the professions would have difficulty in retaining their autonomy. Thus, a profession's code of ethics not only serves as an internal regulative mechanism, but also as a public pledge of selfless service. The institutionalization of a code of ethics by an organized profession is an act of responsibility which is reciprocal to its social privilege and professional autonomy (Kipnis, 1983).

Virtually every recognized profession has a code of professional ethics which sets out the expectations for the moral conduct of its members (Clapp, 1974; Gorlin, 1986; Heermance, 1924). Some have advocated that the possession of a code of ethics is another critical characteristic of professionalism (Cogan, 1953; Greenwood, 1983; Travers, 1985). It is toward this topic that attention will now be focused.

Early Predecessors to Codes of Professional Ethics

Code of Chivalry

The medieval code of chivalry provided an early ethic for professional conduct. It was a code of behavior expected from those inducted in the privileged organization of knighthood. Not only was it a pledge for loyal service, but a promise to uphold certain gentlemanly virtues as one carried out his knightly duties (Widgery, 1940). A general description of chivalrous conduct expected from a retained knight is not at all unlike the behavioral characteristics one would anticipate from a dedicated professional today.

It emphasized personal loyalty to superiors, to comrades, and to the cause. It called for courage, for taking risks of self-sacrifice for the cause and for the succour of the oppressed. The true knight must be gentle and courteous in demeanor in ordinary life, self-controlled in warfare, showing due and fair consideration for all, even his enemies. He must be magnanimous, taking no unfair advantage. At all times he must keep his dignity and self-respect, and avoid haughtiness and pride. He must speak the truth and keep his troth. (Widgery, 1940, p. 89)

Although the code of chivalry showed an early sense of professionalism, the origin of today's professional codes of ethics trace back more directly to the healing arts of ancient Greece.

Hippocratic Ethics

A voluminous set of writings attributed to Hippocrates and his followers at the Coan school of medicine were catalogued and housed in Alexandria as the Corpus Hippocraticum sometime between the 4th and 3rd century B.C. (Ackerknecht, 1982; Konold, 1978; Pellegrino, 1983b). The Oath, Decorum, Law, Precepts, and The Physician, five small tracts in this collection, dealt entirely with the professional attitude and ethical duties of the physician and laid down general principles of moral conduct and good taste in the practice of his art (Ackerknecht, 1982; Jones, 1923a; Leake, 1975). The ethics espoused in these Hippocratic books were the application of Hellenistic philosophy to medicine, rather than from the creation of a particular moral philosophy specific to medicine (Pellegrino, 1983b).

These writings mingled moral exhortations with pragmatic directions about bedside manners, consultations, and fees (Leake, 1975). More specifically, major provisions instructed the physician to (a) respect and honor his teachers, (b) lead a pure and moral life, (c) be reasonable in fees and forgo them if necessary, (d) seek a consultant if in doubt, (e) not use one's position for immoral purposes, (f) not give poisons or perform abortions, (g) not violate patient confidences, (h) not advertise, (i) not dress or act in an ostentatious manner, and (j) not annoy patients with noise or odors, "especially those of wine" (Leake, 1975, p. 20). These practices of ancient medical etiquette were intended to protect the patient and to maintain the dignity of the profession. This adherence to "good form" became a code of conduct laid down by custom. The Greek physician obeyed these

rules of etiquette, not through the threat of punishment, but for the love of his craft (Jones, 1923b).

The physician, as a craftsman and elite personage, had great concern not only for his professional and personal reputation, but also for the practical matter of economic success. Excerpts from the Precepts plainly show that fees were an important ethical issue for the ancient Greek physician:

One must not be anxious about fixing a fee. For I consider such a worry to be harmful to a troubled patient, particularly if the disease be acute. For the quickness of the disease . . . spurs on the good physician not to seek his profit but rather to lay hold on reputation. Therefore it is better to reproach a patient you have saved than to extort money from those who are at death's door. (Jones, 1923a, p. 317)

I urge you not to be too unkind, but to consider carefully your patient's super abundance or means. Sometimes give your services for nothing, calling to mind a previous benefaction or present satisfaction. And if there be an opportunity of serving one who is a stranger in financial straits, give full assistance to all such. (Jones, 1923a, p. 319)

In the physician-patient relationship, the patient was to assume a passive and subservient role. By virtue of his greater knowledge and skill, the physician decided what was best for the patient and oversaw all moral and technical matters (Pellegrino, 1983b). This paternalistic tone is unmistakable in the following Hippocratic passages. "Patients in fact put themselves into the hands of their physician" (Jones, 1923b, p. 313). "For we physicians take the lead in what is necessary for health. And if he be under orders the patient will not go far astray" (Jones, 1923a, p. 325).

The Hippocratic Oath

The Greek emphasis upon the virtuous gentleman provided an appropriate backdrop for the creation of the Hippocratic Oath which is perhaps one of the earliest models of a true code for ethical conduct. In the opinion of some, it was "the nucleus around which the whole idea of professional conduct developed" (Gurley, 1961, p. 63). A perusal of the

provisions of the Oath reveals some of the major ethical ideals that the "professional" was sworn to follow: "I swear by Apollo the physician, and Aesculopius, and Hygieia, and Panacea, and all the gods and goddesses" (Ackerknecht, 1982, p. 57). Presented below are passages from the Oath (Ackerknecht, 1982) along with commentary on the particular ethical ideals that seemed to be highlighted in these excerpts.

In this first passage, a high level of respect and honor, and indebtedness, is being shown toward one's mentors. Also, justice is being served by the offer to repay what is due in kind.

I will keep this oath and this stipulation--to reckon him who taught me this Art equally dear to me as my parents, to share my substance with him, and relieve his necessities if required; to look upon his offspring in the same footing as my own brothers, and to teach them this Art, if they shall wish to learn it, without fee or stipulation. (p. 57)

This next passage displays a desire to promote the growth of the profession; however, there is an obvious concern as to whom this special knowledge or art will be given. Here we have an early seed for professional autonomy and self-regulation.

By precept, lecture, and every other mode of instruction, I will impart a knowledge of the Art to my own sons, and those of my teachers, and to disciples bound by a stipulation and oath according to the law of medicine, but to none others. (p. 57)

The following two passages depict a concern for quality of care and patient welfare. The second excerpt highlights specific malpractice behaviors to be avoided including going beyond one's domain of professional competence.

I will follow that system of regimen which, according to my ability and judgment, I consider for the benefit of my patients, and abstain from whatever is deleterious and mischievous. (p. 57)

I will give no deadly medicine to anyone if asked, nor suggest any such counsel; and in like manner I will not give a woman a pessary to produce abortion. . . .
I will not cut persons laboring under stone, but will leave this to be done by men who are practitioners of this work. (p. 57)

Honesty of purpose and refraining from taking advantage of one's position for immoral or dishonest behavior is being stressed as an ethical ideal in this next passage.

Into whatever houses I enter, I will go into them for the benefit of the sick, and will abstain from every voluntary act of mischief and corruption; and, further, from the seduction of females or males, of freemen and slaves. (pp. 57-58)

Respecting the privacy of others and observing confidentiality in one's professional practice is being advocated here.

Whatever, in connection with my professional practice or not, in connection with it, I see or hear, in the life of men, which ought not be spoken of abroad, I will not divulge, as reckoning that all such should be kept secret. (p. 58)

Finally, the following passages show a commitment toward personal and professional integrity under the threat of losing the public's respect and the privilege to practice.

With purity and with holiness I will pass my life and practice my Art. (p. 57)

While I continue to keep this Oath unviolated, may it be granted to me to enjoy life and the practice of the art, respected by all men, in all time! But should I trespass and violate this oath, may the reverse be my lot! (p. 58)

The Oath, in effect, made basic commitments to patients, to teachers and colleagues, and to the profession itself. A professional image of one who was benevolent, authoritative, virtuous, and highly skilled also emerged from this ancient oath. This ethical manifesto set the tone and provided a foundation upon which future professional codes of ethics would be built.

These Hippocratic ideals, being basically harmonious with the ideological concepts and practices of Christianity, were given the sanction of theology. The obligation to act compassionately on behalf of the weak and vulnerable became mandatory for anyone who believed all men were brothers created by the same God. Care for the suffering was expected, especially from those whose vocation was healing. As a result, medical schools in the Middle Ages wishing to commit their students to high ethical standards, began the

tradition of incorporating these Hippocratic concepts in oaths for their graduates (Konold, 1978). Thus, the simple provisions of the Hippocratic Oath became the ideals of medical practitioners for over 2 thousand years and still remain the traditional basis of modern codes (Leake, 1975).

Percival's Code of Medical Ethics

In the late 18th century, the eminent English physician, Thomas Percival, drafted a set of rules to regulate procedures and manage better the professional conflicts arising among the physicians, surgeons, and apothecaries practicing at the Manchester Infirmary (Gurley, 1961; Leake, 1975). This initial set of guidelines, originally intended to guide professional conduct and to control competition among hospital staff, was later expanded to include all physicians in general practice (Konold, 1978). Published in 1803 as Medical Ethics: A Code of Institutes and Precepts Adopted to the Professional Conduct of Physicians and Surgeons, it is regarded as a classical work on medical ethics (Konold, 1978; Leake, 1975).

Percival's perspective on professional ethics centered on four major areas of concern: (a) the professional image of the practitioner, (b) relationship between colleagues, (c) relationship between practitioner and patient, and (d) the relationship between the practitioner and the public (Leake, 1975). The Greek heritage of upholding gentlemanly virtue and propriety continued as a traditional ideal of professionalism. This ideal was given particular note in a letter Percival wrote to his son, Edward, and included with a copy of his manual of Medical Ethics.

The study of professional ethics, therefore, cannot fail to invigorate and enlarge your understanding; whilst the observance of the duties which they enjoin, will soften your manners, expand your affections, and form you to that propriety and dignity of conduct, which are essential to the character of a GENTLEMAN. (Leake, 1975, p. 63)

Considerable emphasis was placed upon professional etiquette among colleagues. It offered elaborate procedures for consultation among physicians, specified the relations between junior and senior physicians, encouraged respect of colleagues and avoidance of public criticism of peers, and discouraged stealing patients from one another (Konold, 1978). The Hippocratic influence is evident in the paternalistic and philanthropic tone depicted in this opening passage in Percival's Medical Ethics manual:

Hospital physicians and surgeons should minister to the sick, with due impressions of the importance of their office, reflecting that the ease, the health, and the lives of those committed to their charge depend on their skill, attention, and fidelity. They should study, also, in their deportment, so to unite tenderness with steadiness, and condescension with authority, as to inspire the minds of their patients with gratitude, respect and confidence. (Leake, 1975, p. 71).

This classical treatise on medical ethics served as an influential model for later professional codes (Ackerknecht, 1982; Carr-Saunders & Wilson, 1933; Konold, 1978; Leake, 1975; May, 1983; Reiser, Dyck, & Curran, 1977). As cited in Leake (1975), the role of Percival's code as a prototype was clearly noted in the introductory remarks to the 1847 Code of Ethics of the American Medical Association:

On examining a great number of codes of ethics adopted by different societies in the United States, it was found that they were all based on that by Dr. Percival, and that the phrases of this writer were preserved, to a considerable extent, in all of them. . . . The committee which prepared this code have followed a similar course, and have carefully preserved the words of Percival wherever they convey the precepts it is wished to inculcate. (p. 218)

Etiquette to Ethics

In the 18th century the learned societies of physicians, lawyers, architects, and apothecaries would informally socialize within their respective study groups and dining clubs to discuss work-related matters of common interest and concern. During these assemblies, which were predecessors to the professional associations of the 19th century

(Carr-Saunders & Wilson, 1933), certain understandings and informal agreements were established among the members. Thus, the early "codes of ethics" that were eventually published by the professional associations were a misnomer. In reality, they were closer to being a set of rules for professional etiquette (Reeck, 1982). Patterned after Percival's archetypal medical code, they placed greatest emphasis on the formal relations and on courteous conduct among professionals so as to uphold the profession's image and to allow professional practice to proceed smoothly (Carr-Saunders & Wilson, 1933). Protecting the profession's monopolistic interest also was evident by numerous provisions for restricting competition, securing and maximizing fees, and discouraging public criticism of professional peers (Bledstein, 1976).

About the middle of the 20th century, as a result of technological advances, changing social standards, and the consumer movement, there occurred a noticeable shift in codes to better accommodate the norms of the profession with the interests of society. This turnabout resulted in a lessening of the paternalistic perspective and a greater recognition of consumers' rights (Beauchamp & Childress, 1983; Konold, 1978). Some contemporary ethicists (May, 1983; Veatch, 1983) viewed this shift as a "moral covenant" between the professions and the public.

The relationship between the profession and the society is no longer one of the profession bestowing benefits on society philanthropically and without reciprocity on the part of society. It is one of mutual understanding and agreement between the two groups jointly giving rise to responsibilities for both the profession and the society at large. (Veatch, 1983, p. 174)

Other ideas emerging from contemporary professional codes included an increased emphasis on furthering the well-being of people, greater accountability to the client, and more client control in the decision-making process (Gross & Osterman, 1972).

Leake (1975) has pointed out some fundamental differences between a professional code of ethics and a professional code of etiquette. In his view, professional etiquette is concerned with the conduct of professionals toward each other and embodies professional courtesy. Contrastingly, professional ethics should be concerned with the consequences of the conduct of professionals toward their patients or clients and toward society as a whole. Furthermore, this concern should include the consideration of the will and motive that underlie the conduct. Another fundamental difference is that the ethical basis for professional etiquette is primarily hedonistic and egocentric in that it is designed to promote the dignity of the individual professional and the professional association. Conversely, the ethical basis for professional ethics is idealistic in that it presumes that every professional act is "motivated by a rational and sincere concern for the ultimate welfare of society" (p. 3).

The Function of Professional Codes of Ethics

As noted by Carey and Doherty (1966), the professions have taken the general term "ethics" and have applied it in a more narrow sense dealing with principles of right action for the members of a profession. For example, Reeck (1982) defined ethics as "the art of reflection on the moral meaning of human action" (p. 19), and, professional ethics as "the application of standards of moral evaluation to the significant problems of professional life" (p. 20). Whereas some special duties and obligations of professionals toward individuals and toward society do exist, they do not represent ethics exclusively for professionals (Callahan, 1982; Ladd, 1980; Moore, 1970). "Professionals are not, simply because they are professionals, exempt from the common obligations, duties and responsibilities that are binding on ordinary people. . . . There is no such thing as professional ethical immunity" (Ladd, 1980, p. 155). Thereby, professional codes of

ethics become grounded in a system of "normative" ethics in that there is an implied conformity with moral standards derived from an analysis of basic principles and virtues governing the moral life (Veatch, 1983).

In essence, professional ethics is focused on the question: What ought I (or we) to do? Professional codes of ethics become a means to help answer this question. Some definitions for a professional code of ethics include the following:

An articulated statement of role morality as seen by the members of the profession. (Beauchamp & Childress, 1979, p.10)

A statement of ideals, principles, and standards of professional (as distinguished from personal) conduct approved by the professional group and voluntarily adhered to by its members as individuals. (Gurley, 1961, pp. 100-101)

A collection of basic, practical principles of right action for the members of a particular profession, representing minimum behavioral guarantees, which are enforced through disciplinary action. (Travers, 1985, p.403)

Code Functions

The basic functions of a professional code of ethics can be described as ideological, regulative, judicial, and educational. Before examining each of these proposed functions, it must be noted that their order of discussion is not intended to reflect any inherent ranking of their functional importance.

Ideological function

The ideological professional code provides a public declaration of values and principles. "A code of professional ethics proclaims that an occupation has moral standards and its practitioners live by them" (Kultgen, 1983, p. 255). According to Jonsen and Hellegers (1974), this exhortation of principles and virtue gives moral substance to a code's pragmatic duties and directions, constitutes the heart of code, and provides "the justification for calling the code 'ethics' at all" (p. 8). Moreover, the

professional ideology expressed in a code can inspire a sense of tradition, unity, and "esprit de corps" among the group members as well as help institutionalize moral values and high standards within the professional organization (Kultgen, 1983; Reeck, 1982).

Second, in more practical terms, a profession's adherence to moral principles and rules can create a foundation for the public's confidence and trust and, thereby, help preserve professional privilege and autonomy (Carey & Doherty, 1966; Heermance, 1924). The privilege of professional autonomy, however, is accompanied with the obligation of professional accountability. As noted by Levy (1979), "if a code of ethics is a step toward the attainment by a profession of societally sanctioned autonomy, it is also a publicized means for limiting that autonomy" (p. 6).

Third, a published professional ideology can be a reference resource to support members who may be pressured by others to violate their profession's code (Frankel, 1984; Reeck, 1982). Furthermore, the publishing of a profession's ideology can serve symbolically to promote the professional status and legitimacy of a group since the possession of a code of ethics is frequently considered an essential characteristic of a profession (Kultgen, 1983). However, in this regard, it has been noted that some groups, aspiring to attain professional status in the public eye, will formulate a code and use it as camouflage to establish public confidence and secure prosperity (Moore, 1970; Taesch, 1926).

Regulative function

A code is regulative in that it prescribes for practitioners norms and standards that should shape professional practice (Kultgen, 1983). The regulative function is an important means to maintain professional standards. Because unethical practice can jeopardize the professional standing of an occupational group and depreciate its service,

the regulation of professional standards through a written code "becomes a matter of self-preservation" (Heermance, 1924, p. 1). "Only by developing and maintaining a reputation for reliability, competency, and integrity can a profession . . . endure" (Spiller, 1964, p. 144). Self-imposed professional codes of ethics can provide moral pressure, discourage unethical and unlawful behavior, minimize the need for outside regulation, and make professional behavior more predictable and accountable (Johannesen, 1983; Kintner & Green, 1978; Kultgen, 1983). Society's willingness to grant professionals power and privilege is "anchored in its expectation that they, individually and collectively, will exercise their power responsibly" (Frankel, 1984, p.4).

Judicial function

The judicial function provides a substantive grounding for judging professional behavior (Kultgen, 1983). Sometimes, these judgments must be made after an act is completed; thus, the code then becomes a basis for judicial proceedings by professional bodies. The possession of a professional code of ethics "provides a visible comparative standard by which to examine and justify behavior" (Cralle, 1978, p.27). In this sense then, a professional group's standards and guidelines can be a "measuring rod and an opportunity for the individual to compare his own ideals with those set down by his group" (Spiller, 1964, p. 144). The judicial function of a code of conduct does not offer any guarantee against immoral or unethical acts. "It merely provides us a recourse, should we be able to convict someone of 'breaking' the code in some obviously harmful way" (Thayer, 1980, p. 40).

Educative function

Through a professional code, the profession's membership can be instructed about the ethical problems generic to their field and the behaviors that their predecessors found to be successful in either avoiding or addressing the problems (Johannesen, 1983). As Hadley (1912) has pointed out, a professional person "may be failing to recognize an obligation because he [or she] does not understand it" (p. 14). Just acquiring the knowledge that ethical standards exist and have been agreed upon by the professional group invites observance (Taeusch, 1926). Furthermore, knowledge of the profession's norms can narrow the problematic areas with which a practitioner commonly struggles, help resolve simple recurring problems with greater ease, and reduce the tension and confusion associated with accountability (Cralle, 1978; Johannesen, 1983). As viewed by Kultgen (1983), the ultimate value of a code lies in its ability to arouse professionals to reflect on the ethical implications of their work, rather than providing mere recipes for action. Milesko-Pytel (1979) described a code's educational value as follows:

It is seldom possible to force people into moral behavior. It is, however, possible to educate them, to inform them of the ethical issues that they encounter daily, so they have a rational basis for choosing a course of action. (p. 32)

Finally, Frankel (1984) noted that the code development process itself offers an educational and socialization benefit by promoting critical self-examination both as individuals and as a profession. "Over time, this process of self criticism, codification, and conscience raising reinforces in each [individual] . . . the profession's collective moral conscience" (p. 8).

Functional Limitations and Weaknesses

Professional codes of ethics, while offering a potential means to shape professional conduct, have certain functional shortcomings. First of all, a code cannot be all things to

all people. "No code or policy or guideline can be expected to cover all conflict of interest situations, or to prescribe behavior for the great variety of situations which might occur" (McGuire, 1978, p.225). Thus, at best, a code can function as a set of general guidelines for professional behavior. As a result, there is no escape from the burden of personal choice and judgment.

Another weakness of codes is their inability to address effectively "dilemmas of virtue" or "dilemmas of principle" (Callahan, 1982, p. 8). A dilemma of virtue refers to a situation in which the professional knows what ought to be done, but through weakness of will, personal corruption, or peer pressure, does not respond accordingly. Thus, the existence of a code offers no assurance that it will change individual behavior, particularly if not enforced with sanctions. As noted by Hulteng (1976), "codes without teeth, without an agency to enforce them, tend to be most influential with those who are already behaving responsibly and ethically; they often have little effect on the ones who need guidance most" (p. 230).

A dilemma of principle denotes a situation where two or more of the code's principles are in conflict with each other, thereby forcing the professional to choose which will be given preference. As a result, "the formulation of codes does not do away with or solve moral dilemmas in the professions. Rather, it may simply increase the awareness of professionals of the gravity of the dilemmas they face" (Campbell, 1972, p. 5). One cannot merely appeal to the "rule book" for resolving conflict among principles; resolution requires the application of personal judgment and decision-making through a rigorous process of ethical analysis and inquiry.

Another commonly cited weakness in codes is the lack of clarity in their wording. The problem of a code's ambiguous language was a prominent issue during a major revision

of the code of ethics of the National Education Association (Conrad, 1968). Particular criticism fell on exhortative statements like "deal justly and considerately with each student" and "seek constantly to improve learning" (p.41). The NEA Committee on Professional Ethics, although recognizing the impossibility of writing code statements that are entirely free of ambiguity, advocated that "if a code functions to guide the conduct of practitioners, it would seem important to define such words as 'unprofessional,' 'appropriate,' and 'protect' as they are presently used" (p. 41). Kultgen (1983) has also criticized the vagueness of some of the language used in the Code of Ethics of Engineers. He pointed out such "glitter words" as "enhancement of human welfare," "impartiality," and "fidelity" (p. 230). A related shortcoming in ethical codes cited by May (1983) was the issue of code interpretation. That is to say, many codes lack a compilation of case interpretations to help clarify the scope and limits of given rules. As a result, all too often, "codes become guidelines without lines to guide" (p. 213).

Reeck (1982) has indicated that today's codes focus almost exclusively upon relationships among persons, that is, duties toward clients, colleagues, employers, and the profession itself. "Their main purpose seems to consist in forestalling exploitative relationships" (p. 66). As a result, codes lack a worldview of morality in regard to a profession's relation to humanity and the overarching purposes of life. Ladd (1980) described this same shortcoming in terms of a code's "micro" vs "macro" emphasis. In his words, codes of ethics "tend to divert attention from the macro-ethical problems of a profession to its micro-ethical problems. . . . What is really needed is a thorough scrutiny of professions as collective bodies, of their role in society, and their effect on the public interest" (p.158).

In his critique of the Code of Ethics of Engineers, Kultgen (1983) found a definite lacking in its approach to matters of global and social importance. He identified only 11 provisions dealing with the obligation to hold paramount the public welfare, compared to the 23 provisions instructing engineers on how to serve employers and clients and 24 provisions limiting the acceptable forms of competition among engineers. This imbalance led him to conclude that "engineers are receptive to specific advice about how to promote the reputation of their profession and prosperity of those who provide their income, but less so about how to serve human welfare" (p. 232).

Another problem noted by Reeck (1982) is that little or nothing is said about the inner moral life and virtuous character of the professional. In his estimation, the writers of codes seem to be operating under the presumption that professionals will be of sufficient good character to be disposed to model a virtuous ideology and follow ethical guidelines. Likewise, Jonsen and Hellegers (1974) have noted that exhortations to virtue have tended to disappear from modern professional codes. They offered the following as a possible explanation for this deficiency:

Apparently, they seem to some superfluous, for they belabor the obvious. To others, they seem futile, for they cannot be enforced. Again, they seem vacuous, for they offer no practical guidance for action. Finally, they may seem embarrassing, for they smack of posturing for public consumption. (pp. 7-8)

Professional codes have a tendency to be excessively self-protective of the professional association and serve to protect the monopoly of the profession (Ladd, 1980; May, 1983; Reeck, 1982). Levy (1974) observed that those provisions which related to professional etiquette, fairness, and orientation, all of which constitute obligations to one's professional colleagues, were consistently included in all of the analyzed codes. "This supports the hypotheses that the practitioner's relationship to his colleagues commands more attention in codes of ethics than does his relationship to his clients" (p. 213).

Kitchener (1984) has cited the American Psychological Association's code as an example where "the rights of clients in a counseling relationship remain unspecified" (p. 45).

Because generally only the professional membership participates in the writing of a code, the interests of the association typically will be given preference. As a result, there is sometimes a heavier codification of a profession's "ethos" rather than its ethics (Reeck, 1982; Stenberg, 1979), thus creating a tone of philanthropy and disregarding its prior and ongoing indebtedness to society. Service then is perceived as being gratuitous, rather than a responsive and reciprocal act (May, 1983). To correct this shortcoming, it has been recommended that client groups and society-at-large should participate in the development and implementation of professional codes (Chalk, Frankel, & Chafer, 1980; Kultgen, 1982; Reeck, 1982).

Reeck (1982) has noted that most codes, seemingly to preserve the ideology of service, fail to address how professionals should balance their own interests with the needs of others. He added that personal self-interest is not inherently unethical, therefore, professional codes should acknowledge professional interests and clarify their limitations.

Finally, Ladd (1980) repudiated codes of ethics altogether, claiming that "ethics must, by its very nature, be self-directed rather than other-directed" (p. 154). He argued that ethical principles cannot be mandated by fiat or even by agreement for this is to confuse ethics with law making and policy making. In his opinion, "the attempt to impose such principles in the guise of ethics contradicts the notion of ethics itself, which presumes that persons are autonomous moral agents" (p. 154).

Researchers seem to support Ladd's contention: In his classic study of business ethics, Baumhart (1961) examined the responses from 1,700 business executives who

were asked to identify the influential factors behind their ethical decision-making. "A man's personal code of behavior" was consistently ranked as having greater importance than "formal company policy" (p.156). In a study of the administrative ethics of 282 school administrators, Dexheimer (1970) concluded that "the real source of ethical behavior exists within the individual and not in any code of ethics" (p. 37).

The Formulation of Professional Codes of Ethics

In Ethics for the Professions, Reeck (1982) noted that it was common for early professional codes of ethics to be composed by a sole writer or, if created by more than one individual, the code was published under the person's name who would bring status and authority to the document. This is exemplified by the American Association of Engineers which, when organized in 1915, entrusted the framing of its code to one man.

With a view to making the first draft of this code a clearcut unequivocal statement of high principles, the responsibility for writing it was placed upon an individual. Isham Randolph, an engineer of outstanding character and integrity, was selected and he wrote the code. (Clausen, 1922, p.91)

Conversely, today's codes are prepared largely by a committee. Even when a code is written by an individual, it will most often be published under a committee's authorship.

A typical code writing process is described as follows:

A committee of a professional organization decides that a new code or revision is needed and prepares a resolution to the effect, authorizing a code committee to go to work. The organizational membership approves the resolution, and a code committee is selected. The committee works with prior codes of the same organization, recent codes of similar organizations, and suggestions for revision garnered from such sources as members' concerns and relevant legal actions. A preliminary draft of the new code is circulated for comment. When comments are received, the final form is fixed and sent to the entire membership of the organization for study prior to ratification and adoption. (Reeck, 1982, p. 62)

Pattison, Hackenberg, Wayne, and Wood (1976) described this simple procedure employed in constructing a code of ethics for a county department of mental health: "We

reviewed the codes of every major discipline and extracted general principles. We then rewrote the principles in the context of a community mental health program" (p.31).

Because the community mental health department was organized on an interdisciplinary basis, Pattison et al. found it advantageous to have all personnel share a common code of professional ethics for this reason:

When conflict arises, there is a temptation to use one's own profession and its code of ethics to invoke power over or challenge the authority of another professional. Since each discipline's code of ethics is constructed within the purview of that discipline, none can be adequately used as a standard for an interdisciplinary group. (p. 30)

In Weiner's (1973) overview of the development of a code of ethics for Orientation and Mobility Specialists (Blindness), he indicated two important first steps: (a) examine codes of ethics that have been developed by other organizations, and (b) obtain data from the organization's members which could be used in formulating a code. In regard to this second step, a questionnaire was designed in which

we presented many ethical points . . . and asked each respondent to comment on them, stating which of those points (or any other points) they would like included in the code. In addition, we solicited critical incidents of unethical behavior from which principles could be inducted. (p. 8)

This questionnaire was mailed to all certified orientation and mobility specialists. After receiving an overwhelming response of support for the code, a first draft of the code with accompanying enforcement procedures was written with its principles reflecting the consensus of the respondents. This draft was published in the profession's newsletter inviting further feedback from the field. The resulting feedback was incorporated and the revised draft presented to the membership at their bi-annual convention. Following the assimilation of further revisions, the completed code was officially adopted at the close of the convention; however, "the enforcement procedures were tabled for future consideration" (p. 8).

Sometimes the code development process can become bogged down and stalled with too much committee involvement and not enough leadership. It required 4 years for the Associated Press Managing Editors Association (APME) to produce their code of ethics (DeMott, 1979). Beginning in 1971, a Professional Standards Committee was assembled and commenced extensive studies of the activities, attitudes, concerns, and problems of news department staffers. As the months progressed, further committees were formed and additional follow-up studies initiated to delineate better the important elements of ethical practice in news reporting. After more than 2 years and not yet seeing sufficient headway toward a written draft, the chairman of the Professional Standards Committee assumed control of the project. Taking the findings from the earlier committee studies and the ideas of committee members, reviewing the efforts of others in the creation of newspaper codes, and drawing upon his own experience, he wrote the entire code in a matter of weeks and presented it at the 1974 APME Convention. The delegates' reaction was favorable and, with a few minor changes, the code was formally approved by the APME's board of directors in the Spring of 1975. This code construction experience clearly highlights that at some point the data collection and analysis must stop and the document writing begin.

Finally, Winston and McCaffrey (1981) described the effort to solicit involvement and input from the membership in the code development process executed by the Association of Certified Public Accountants (ACPA). The first step consisted of developing and distributing a draft of the code to a sample of 105 persons, including executive council members, all committee and task force chairpersons, all commission chairpersons, and all state division presidents and presidents-elect. The participants were asked to revise and delete statements as well as propose new statements. The revised document was again mailed to the same population with the charge to further evaluate and revise the document.

Their additional revisions were included in a third draft which was presented to the general membership at an open hearing during the Association's annual convention. A fourth draft of the code, reflecting many of the reactions and suggestions elicited at the general hearing, was forwarded to the executive council for action at a mid-year meeting. With the addition of a few final modifications, the code was approved.

Code Construction Considerations

When one undertakes the task of constructing a code of ethics, a number of important factors need to be considered. For instance, for what purpose is the code being created? How will it attain a perceived relevance for its intended audience? How should it be structured and what should be its content? Should the code be general or highly specific in nature? Should the code convey an affirmative or negative tone? How broad an area should the code encompass? How can the clarity and meaning of the code be enhanced? Thus, addressed in this next segment will be these construction issues through the presentation of insights and recommendations derived from the experiences of those who have studied or composed codes of ethics. The topic headings will be presented in the following sequence: function and purpose, legitimacy, structure and content, specificity, wording and phrasing, and code evaluation. This segment will be concluded with some specific guidelines proposed by HeSCA for the construction of its code.

Function and purpose

The functions of a professional code must be understood in terms of the intent of its directives. That is to say, is it to be a code of exhortation and inspiration or one of regulation and adjudication? Will it be used to encourage and educate, or to evaluate and eliminate? Will the code set minimum requirements which must be met, or maximum goals to be approached?

Lon Fuller (1969) recognized two distinct categories in professional codes, one being "morality of aspiration" and the other being the "morality of duty" (pp. 5-6). Morality of aspiration was positive and aesthetic in tone, and focused on maximal ethical considerations which emphasized "the Good Life, of excellence, of the fullest realization of human powers" (p. 5). On the other hand, the morality of duty, using a legislative tone of "thou shalt not" and, less frequently, of 'thou shalt' " (p. 6), laid down basic rules without which an ordered society was impossible. The former placed emphasis upon rewards and honors, while the latter was backed by sanctions and penalties. Fuller acknowledged that professions tend to stress the minimalist ethics of duty in their codes since objective standards can be more easily applied to departures from the satisfactory performance of duty than they can to performance which aims toward an ideal of perfection.

Ladd (1980) has pointed out that the mere existence of a code may encourage minimal compliance and complacency. "I did everything the code requires" (p. 158). To combat this minimalist attitude, Cook (1983/1984) advocated that a strong sense of idealism should permeate a code to promote the highest standards possible. Kultgen (1983) also felt that a professional code needed an ideology and an idealized image to maintain the profession's special rights and privileges conferred by society. If the ideal is given too much emphasis, however, the code may become removed from the realities of professional practice and the operative norms. Thereby, the ideological function may interfere with the regulative function. Kultgen concluded that "a profession must decide what it values most, a real moral commitment to human welfare or its own special privileges" (p. 256). Levy (1979) acknowledged the difficult task of code construction

when the code must serve both as an inspiration to ethical conduct and as a deterrent to unethical behavior.

Rather than either a prescriptive or proscriptive emphasis, Reeck (1982) recommended a "disclosure code" in which the provisions are written in relatively general terms designed to provoke questions. Such a code would stress the basic guidelines for moral behavior and the elevation of ethical consciousness. Likewise, this emphasis upon disclosure rather than regulation was viewed by Harris (1978) to be beneficial when dealing with "the myriad grey areas in which absolute prohibition seems overly restrictive but a total lack of controls and absence of the light of day seems inherently dangerous" (p. 353). Another advantage of a disclosure code, as seen by Harris, was that the emphasis upon ethical inquiry could serve as a catalyst for the revision of ethical standards. Also, this more flexible approach could accommodate more easily to changes in the concept of ethical conduct which might occur over time. However, this type of code, without any regulative standards against which to judge the disclosed conduct, may be ineffective in controlling improper conduct. Harris recommended, therefore, a code that combined affirmative guidelines with specific rules of conduct.

Legitimacy

For a code to be respected and followed by a profession's members, it must have legitimacy. That is, it must be perceived as relevant to the profession's mission and the role and responsibilities of its members. "A code of ethics must contain a sense of mission, some feeling for the peculiar role of the profession it seeks to regulate" (Fuller, 1983, p. 83). According to Levy (1978), a profession's function provides the frame of reference for its ethics. "A professional code is virtually useless if not meaningless outside of a functional context. It is what a profession does, and with whom, and toward

what ends" (p. 3). Therefore, a code's provisions should evolve from the members' work roles and the ethical issues and problems they confront when executing their professional assignments.

The active involvement of the professional association's members in the process of code development is another crucial factor for a code's ultimate acceptance and assimilation (Fulmer, 1978; Kultgen, 1983; Van Istendal, 1965). According to Fulmer (1978), those who are to be governed by a code are more likely to support its provisions if they are allowed to participate in its formulation. He recommended that representatives from all segments of an organization be given an opportunity to approve the content of a code at each stage of its development. The importance of involving those who will be obligated to follow a code's tenets has also been stressed by Kultgen (1983). "An individual is morally bound by a code only if he or she has had an appropriate role in forming or reviewing it and can see that it is appropriate, at least in the main, for the professional context" (p. 253).

Prompted by the public's increased awareness of its rights and its demand for professional accountability, the declining public confidence in professionals, and the demand from the consumers of professional services that they be fully informed, it has been recommended that participation and input be solicited from the client population toward which a code aims to protect as well as from the public-at-large (Chalk, Frankel, & Chafer, 1980; Kultgen, 1982; Reeck, 1982). However, client and public involvement may be difficult to coordinate effectively. The active soliciting of public input through forums and hearings has been suggested as an appropriate first step (Chalk, Frankel, & Chafer, 1980).

Not only must a code be derived from a profession's occupational context, but it also needs to be solidly embedded in a moral context. As stated by Veatch (1983), "there must be a universally accessible basis for the grounding of the obligation. It must be rooted in fundamental principles of ethics generally accessible to all" (p. 160). Barnsley (1972) identified three factors as being critical contributions to a code's moral legitimacy:

1. The code must be morally well grounded so that it is possible to specify the criteria underlying the code's provisions.
2. The code's provisions must be equally and reciprocally binding so that "a person honestly commending a moral value or prescription must be able to assume that if he were in the same position as the listener, he would try to fulfill it" (p. 45).
3. The code's moral principles must be founded on the nature of things, that is, "derived from man's basic beliefs, his conception of human nature, or of the world, or of reality in general" (p.45).

Structure and content

Typically, a code of ethics will include (a) a preamble, (b) statements of professional principles and values, and (c) specified norms or rules that evolve from the declared principles and values (Cook, 1983/1984). The articulated values are the primary constituents of a code and prescriptions are conceived as derivative of them (Barnsley, 1972). A code's preamble should present the rationale for the code's creation including the nature, purpose, scope, and priorities of the code (Cook, 1983/1984), as well as highlight "the significant social values that the profession takes to be its primary concern" (Kipnis, 1983, p. 17).

Harris (1978) proposed a multiple level code as a model for structuring a code of ethics. The professional codes of ethics developed by the American Medical Association, the

American Bar Association, and the American Institute of Certified Public Accountants, were cited by him as examples of multiple level codes. Harris's proposed three-tier structure began with a foundation of "canons" which were essentially affirmative statements of broad ethical goals. These supported one or more "ethical principles" that also were affirmative in tone but offered more explicit guidelines that expanded upon the canons' global statements. Finally, specific "rules of conduct" were formulated as detailed standards that set "the minimum conduct permissible in certain specified situations covered by a canon or principles" (p.352).

Harris (1978) cited the following advantages for designing a three-level code:

1. The affirmative canons served as a simple and aspirational "creed" which helped to engender a sense of professionalism.
2. The principles provided more specific guidance while still avoiding the regulatory details. They constituted "a philosophical foundation upon which the rules of conduct are based" (p. 320).
3. The rules of conduct provided explicit regulations to limit particularly troublesome areas of conduct.
4. Instances of conduct which were not addressed in the rules of conduct were still covered by the more encompassing principles or canons.

Consideration should also be given to the logical structure of a code so that the relationship of the provisions to each other becomes evident. A logically coherent context may help to reduce vagueness in a code's provisions as well as increase the utility of a code as a guide to conduct. The hierarchical ordering of a code's ethical principles and duties could aid in the determination of what principles or duties could be overridden in times of conflicting obligations; as when, in the case of medical ethics, the general duty to respect

the privacy of others collides with the physician's need to ask very personal questions (Kultgen, 1983). Kitchener (1984) pointed out that the American Psychological Association's code of ethics "has established that not doing harm should take precedence over fidelity in regard to the issue of confidentiality, and over beneficence in the area of research" (p. 53). The ordering of items within the provisions themselves might also be given some consideration. Take for example the admonishment that professionals "should serve with fidelity the public, their employers, and clients" (Kultgen, 1983, p. 234). In the event of a conflict between obligations to one's employer and obligations to one's client, this ordering could imply that the employer's interests should be given overriding preference.

In regard to the code's content and the areas of conduct that should be covered by a code of ethics, Harris (1978) provided this simple guideline:

Formulate a judgment of the type of reaction that might be anticipated if the details of particular conduct were disclosed to the president of the company and/or the public. If disclosure of the conduct at these levels could be expected to cause significantly adverse public or senior management reaction, the drafter should consider covering the matter in the code of ethics. (p. 350)

Cook (1983/1984) felt that a code should be characterized by its simplicity and that its provisions should not try to solve every problem that has arisen or may arise in the profession. Likewise, O'Neill (1972) cautioned codifiers, "don't attempt to cure every ill that ever afflicted your industry all in one fell swoop. Keep your code manageable" (p. 49). She recommended that attention and effort be focused on those problems which are complained about most often.

The core content of a code of ethics are its provisions. These are commonly sectioned according to the audiences toward which the code is directed, as for example: (a) members of the profession, (b) clients or consumers of the professional service, (c) other agents

dealing with the profession, and (d) the public-at-large (Ladd, 1980). Following an extensive examination of the codes of ethics of 89 human service occupational groups, Levy (1974) found that the ethical provisions contained in a code could generally be classified into four broad categories: (a) the practitioner, (b) the client and others affected by or affecting the client, (c) professional colleagues, and (d) society. Levy also noted that within each of these categories certain issues of professional conduct were commonly addressed:

1. Practitioner--competence, integrity, dignity, independence, impartiality, and propriety.
2. Client--devotion and loyalty, objectivity, honesty and candor, confidentiality, propriety, punctuality and expeditiousness, and respect for client's autonomy.
3. Professional colleagues--etiquette, fairness, and professional orientation.
4. Society--care in the use of professional status, power, and influence; care in one's personal associations; regard for others; justice; and social orientation to protect and advance the public interest.

Finally, the results of another study (Chalk, Frankel, & Chafer, 1980) revealed that the provisions in the codes of ethics submitted by 57 scientific and engineering societies were distributed among the following seven categories:

1. Member--the members' conduct and comportment as professionals and the rights and privileges of members.
2. Profession--the members' responsibility to colleagues and to the profession.
3. Employer/sponsor--the members' responsibility to employers and sponsors.
4. Client--the members' responsibility to clients, employees, patients, research subjects, or students.

5. Society--the members' responsibility to the community in which they live or work, or to society in general.
6. Others--the responsibility of others affected by, affecting, or concerned with the professional activities of members.
7. General--statements that are either so broad as to resist classification into a single category or substantively different from those classified into the other categories.

Specificity

The codes of industry groups and trade associations have been observed to be generally less specific than those of individual companies (Byron, 1962). Two reasons have been offered as an explanation for this phenomenon. First, the more people involved in drafting a code, the more difficult it becomes to attain a consensus. Second, the greater the number of companies or institutions being encompassed by a code, the more diverse are the situations that need to be addressed, thereby making it a very unwieldy task. (Byron, 1962). Kultzgen (1983) observed that a code's provisions became more specific and numerous when they pertained to behavior that advanced the interests of the profession. In his view, vagueness in a code's provisions allowed a profession to avoid difficult, self-sacrificing responsibilities, while at the same time enabled the profession to point to the provisions as evidence of its commitment to the public good.

In regard to formulating a workable code, code developers have argued that provisions need to be somewhat general to allow for individual judgment and discretion when acting under variable situations and circumstances (Cook, 1983/1984; Johannesen, 1983; Levy, 1979). This need for code flexibility and generality was particularly important for a professional audience having a wide spectrum of roles, responsibilities, and relationships (Cook, 1983/1984). A profession's code of ethics, which did not

accommodate adequately the vested interests of a broad and diverse membership, weakened the members' commitment to the code and even jeopardized its initial adoption (Levy, 1979). Another reason offered for tempering a code's specificity was that professional practice had an artful quality which required a modicum of freedom and independence in the exercise of professional judgment (Levy, 1979). Rivers, Schramm, and Christians (1980) contended that to preserve timeliness, codes had to deal in generalities. "The more they get into specifics, the more quickly they get out of date, and the more likely they are to be limited to what should not be done rather than to what should" (p. 143).

While Levy (1979) argued against framing provisions of ethical practice like statutes, he did see the need that they be formulated in such a manner that they became practicable for guiding and evaluating professional conduct. However, he cautioned that if some provisions were spelled out precisely, others not similarly specified might be regarded as being of lesser importance. McGuire (1978) also saw the need for achieving a reasonable balance in a code's specificity. In his view, code provisions which were too strict inhibited a professional's effectiveness by interfering with the social conventions of an organization. However, if too much latitude were allowed, a code's provisions were "likely to be misinterpreted by the best of men and deliberately broken by the worst" (p. 225). Thus, a professional association engaged in code development must struggle to seek an appropriate balance between generality and specificity.

Wording and phrasing

For a code to be an effective guideline, it needs to utilize language that can be readily understood by the audience toward whom the code is directed (Cook, 1983/1984), as well as possess certain "semantic virtues," namely, clarity, consistency, and truth (Kultgen, 1983). Both O'Neill (1972) and Cook (1983/1984) recommended that a code's

provisions be kept brief and simple, employing statements that were "distinguished by their brevity, clarity, saliency, and accuracy" (Cook, 1983/1984, p. 84). "The challenge is to say no more than necessary, and yet to say as much as necessary" (Levy, 1979, p.16).

In his discussion of a code of conduct for executives, Robert W. Austin (1961), who at that time was dean of the Harvard Business School, cautioned against prohibitively worded codes. He felt the phrasing was psychologically unsound and could create suspicion in the eyes of the public. Furthermore, the negative wording was inconsistent with the public's expectation and demand for higher standards and failed to create within the professional "a positive sense of duty and responsibility" (p. 59). According to Harris (1978), negative codes failed "to cover specific problem areas, thereby leaving loopholes for improper conduct; or they attempt to regulate virtually all conduct and thereby fall on their own weight" (p. 315). Johannesen (1983) also argued that phrasing a code's guidelines in a negative "thou-shalt-not" manner left unclear whether inaction or passivity were ethical or whether only positive action which promoted the achievement of maximum standards was ethical. He felt that it would be more desirable to fashion a code in affirmative, positive language. For example, "do not distort or falsify evidence", would be better expressed as "present only factual evidence and present its true form and context" (p. 101). Austin (1961) proposed the development of a simple positive code whereby the professional "affirms" that he or she will strive toward certain ethical goals. As counterargument to a simple affirmative code, Harris (1978) pointed out that "some types of conduct are so undesirable that outright prohibition may be the only prudent approach" (p. 323).

Barnsley (1972) noted that most moral codes used both positive and negative statements but often veered heavily to one side or the other. He differentiated these two types of statements as "ethics of direction" and "ethics of constraint" (pp. 56-57). The former comprised broad, positive prescriptions that encompassed the whole of conduct with no clear specification on how one executed what was being morally prescribed. For instance, directives to be charitable and humanitarian might be expressed as "give to the poor, do voluntary service, press for reforms, etc." (p. 56). The latter, or ethics of constraint, were more determinate proscriptions which clearly distinguished between permitted and prohibited actions.

Harris (1978) recommended that an appendix of defined terms be included within a code to reduce ambiguity. Also, it has been recommended that descriptive examples and case studies supplement a code to help interpret the appropriate application of the code's provisions especially when dealing with marginal or doubtful situations. (Cook, 1983/1984; Landis, 1927) The provision of case studies could aid in a code's future revision and help maintain its currency; that is, case analyses would allow the code to be "an evolving document which records the responses of an organization to new crises or situations" (Landis, 1927, p. xi). To augment their code, the American Personnel and Guidance Association has produced a casebook which illustrated the application of ethical standards in various situations (Callis, Pope, & DePauw, 1982).

Code evaluation

As a summary to the previously highlighted construction considerations, the following six criteria are offered as an aid in assessing the quality of a code of ethics:

1. Applicability--Refers to the responsiveness of the provisions to specific problems. How effectively can the rules be applied to real world problems?

2. Clarity--Are the provisions sufficiently clear to provide a basis for the responsible exercise of professional conduct?
3. Consistency--Are the provisions internally consistent? Are there logical contradictions within or between the provisions?
4. Ordering--Does the listing of ethical provisions provide a means for setting priorities among the provisions?
5. Coverage--refers to the scope of actions and situations addressed by the code's provisions. Do they address matters of serious ethical concern? Do they overemphasize matters of convenience, etiquette, or expediency?
6. Acceptability--Do the provisions express proper ideals? Should they be accepted as ethically prescriptive? (Chalk, Frankel, & Chafer, 1980, p. 51)

HeSCA guidelines

Finally, in specific regard to constructing a code of ethics for biocommunicators, respondents to a HeSCA survey (Davenport, 1983) recommended that a viable code for their association should (a) have a significant degree of generality so that specific incidents can be dealt within the context of the given circumstances; (b) be a guideline for how to follow policy and, thereby, should not be confused with the actual policy statements of the organization; (c) not be pedantic and overbearing, but offer some degree of flexibility; (d) not get sidetracked by minor issues; and (e) basically serve as a standard for judging if one is behaving in a "principled" manner.

A Foundation of Principles for a Code of Ethics

Veatch (1985) has argued that in order for a set of rules to be an ethic, "it must be seen as grounded in something far more encompassing, something that has moral relevance to all, not merely members of the (professional) group" (p. 210). Bahm (1974) saw fundamental principles as providing this foundational underpinning for codes of ethics.

A code is a statement of what one ought to do, at least under certain circumstances. It does not, or certainly need not, explain why. Principles, on the other hand, are explanatory statements. They serve as reasons why one should or should not act in a certain way. Principles . . . constitute the bases upon which codes are formulated. (p. 32)

According to Page (1914), general moral principles help to condense and summarize all the separate rules of a culture; as for example, when numerous prohibitions on property rights and possessions are consolidated under the single precept thou shalt not steal. Constructing a code around broad principles contributes to efficiency of thought when reflecting what one ought or ought not to do by providing main heads of reference as guidelines to the important considerations for which one should be on the lookout (Dewey & Tufts, 1923). As noted by DeGeorge (1982), if one understood the code's underlying principles, he or she would know how to act even in the absence of an explicit provision. Therefore, it became unnecessary to memorize the code for one should be able to derive essentially the same code by recalling its fundamental principles. Additionally, DeGeorge saw the reference to a code's foundational principles as important to the understanding and the application of a code.

If the member of a profession is to internalize the rules of his profession, he must understand how they are derived, how they implement moral principles, and how he can use similar reasoning to cover situations of conflict and those situations not handled explicitly by the code. (p. 231)

In their writings on contemporary issues in bioethics, Beauchamp and Walters (1982) were of the opinion that broad principles were needed in order to take a reasoned approach to ethical problems and "to take a consistent position on specific and related issues" (p. 26). Furthermore, they viewed moral rules as being derived from a basic foundation of moral principles.

Moral rules are general guides governing actions of a certain kind; they assert what ought (or ought not) to be done in a range of particular cases. Moral principles are more general and more fundamental than such rules, and serve . . . as the justifying reasons for accepting rules. (p. 12)

This observation concurs with Dyck's (1977) perspective that moral principles are "requisites for the very process of deciding the nature of rules or laws that are to govern

interpersonal interaction and social institutions" (p. 53). Principles provide the basis "out of which rules and laws are, can be, and ought to be composed" (p. 54).

Finally, Kitchener (1984) cited three advantages for basing a code of ethics upon fundamental principles. First, they have a broad relevance and application to ethical problems across vocational roles. Second, they provide a justification for ethical codes and identify areas which codes might need to address. Third, they provide a general ethical "spirit" which prevents one from believing that ethical responsibility is fulfilled if one has not violated a specific rule in the code.

Given the above considerations, a code of ethics should be developed using a set of fundamental ethical principles which are accessible, applicable, and recognized by all. These principles would provide a moral grounding for professional obligation and duty, and a basis for deriving role specific ethical guidelines. Such a two-tier code has been described by Ladd (1978) as that in which "the rightness or wrongness of particular actions is justified by appeal to a rule or practice, and these are in turn justified by appeal to a super-principle" (p. 406). In the remainder of this chapter the investigator identifies principles which might serve appropriately as a moral foundation for a professional code of ethics.

Quest for Foundational Principles

Anthropological observation has indicated that certain principles are universally valued and shared.

Every culture has a concept of murder, distinguishing this from execution, killing in war, and other "justifiable homicides." The notions of incest and other regulations upon sexual behavior, of prohibitions upon untruth under defined circumstances, of restitution and reciprocity, of mutual obligations between parents and children--these and many other moral concepts are altogether universal. (Kluckholm, 1955, p. 672)

In addition, Ralph Linton (1954) observed that "all societies attach high value to reciprocity and fair dealing" (p. 158) and such principles "must be sought for at the level of the deepest and most generalized conceptual values, those which stand in closest relation to the individual needs and social imperatives shared by the whole of mankind" (p.152).

Maguire (1978) has described moral principles as being "the repositories of the collective moral experience of our forebears" (p. 220). As such, they have become "culturally based propositions or generalizations about what befits or does not befit the behavior of human beings" (p. 220). With a more narrowing perspective, DeGeorge (1982) viewed ethical principles as being based upon those particular Judeo-Christian moral values which were to guide man's relation to his fellow men. These have achieved a tenured and more secularized status in Western society; as for example, the Christian exhortations to love one's neighbor and to be charitable, or the Hebraic virtue of justice.

Five basic ethical principles have been identified by Thiroux (1980) as being inherent in all systems of morality: (a) value of life--basic concern for the preservation and protection of human life, (b) goodness or rightness--demand that all humans be "good" and perform "right" actions, (c) justice or fairness--expectation that humans are to be treated fairly and that benefits and burdens are justly distributed, (d) truth-telling or honesty--integrity in dealing with others as a prerequisite for trust and meaningful communication in human relationships, and (e) individual freedom--free to choose one's own ways and means of being moral within the framework of the first four principles.

In regard to ethical business relations, Wirtenberger (1962) observed that "when we look for fundamental virtues to shape the thinking and guide the conduct of the good man in business, these three stand out--justice, prudence, and charity" (p. 4). His essential definitions of each of these virtues were as follows: (a) justice--giving to each what is

due or legitimately can be claimed, (b) prudence--choosing reasonable means to attain a morally good end, and (c) charity--acting with the understanding and good will necessary to protect the dignity of the individual while contributing to the welfare of society.

Fletcher (1966) argued that a code cannot be based upon universal moral principles because ethical conduct is relative to time, place, and situation. Accepting such a claim would preclude any group from using a code to assess an action as being ethical or unethical. No profession could set forth an ethical code if it were held that the situation or individual taste totally determined the profession's ethical choices. For this reason, such a perspective becomes unacceptable for the professional fields. Others have taken an absolutist position and have argued that certain principles such as Mill's "utilitarian principle" (Mill, 1863), Kant's "categorical imperative" (Paton, 1948), or the reknown "golden rule" should be regarded as universal and followed without exception or regard for circumstance. However, this position, in the opposite extreme, creates difficulties when applied to professional conduct. Following a moral principle without exception can lead to ethical conflict, for example, when telling the truth would jeopardize another person's welfare or life. Furthermore, Hennessy and Gert (1985) have suggested that application of the "golden rule" in an absolute and literal manner does not hold up consistently as a sound guide for business because it would deem a person who refuses to buy from a salesperson as acting unethically. Also, some professionals, such as judges and policemen, who are engaged in enforcing the law are technically violating this precept when thwarting others' behavior.

"Prima facie" principles

Prima facie is a Latin derivative meaning "at first view" (Woolf, 1973, p. 913). A prima facie duty appears to be true and self-evident, and just "on the face of it", ought to

be done (Beck, 1970, p. 45). "Through experience we come by reflection to apprehend the self-evident general principle of prima facie duty" (Ross, 1930, p. 33). These duties are not grounded necessarily in any particular social, religious, or professional group, instead, they are "basic normative principles of morality for ordinary behavior, that are shared sufficiently to permit social intercourse and the development of a shared sense of rights, duties, obligations, and responsibilities" (Veatch, 1983, p. 172). These basic principles "might provide a basis for developing a set of role specific duties governing the behavior of professionals and their clients or patients" (Veatch, 1983, p. 173).

The prominent 20th century British philosopher, W. D. Ross (1930), advocated that moral principles should be considered as "conditionally" binding rather than absolute. In Ross's view, ethical behavior was composed of a number of basic principles called "prima facie duties" that were self-evident in their ethical significance. These duties included (a) fidelity--promise keeping and truth telling, (b) reparation--amending a previous wrongful act, (c) gratitude--appreciating services received, (d) justice--distributing pleasure or happiness in accordance with merit, (e) beneficence--improving the conditions of others, (f) self-improvement--improving one's virtue or intellect, and (g) nonmaleficence--not injuring others.

Ross (1930) made an important distinction between a prima facie duty and one's actual or absolute duty. A prima facie duty was binding and always to be acted upon unless it conflicted with an equal or stronger prima facie duty. In the case of such a conflict, one's actual duty was determined by an examination of the respective weights of the competing duties and deciding which would bring the greatest balance of right over wrong in the given context.

Drawing from Kant's perspective on the nature of moral action (Liddell, 1970), Beauchamp and Childress (1979) proposed that three conditions be present for ethical principles to be justified as moral action-guides. First, the principle must be accepted by society as a supreme or overriding guide to action. Second, the principle should apply equally to everyone in relevantly similar circumstances. Third, the principle should have some direct reference to the welfare of others or, at the very least, be concerned with harm and benefit to others. In dealing with ethical issues in the biomedical field, these two authors found that the following four moral principles seemed to adequately accommodate these three conditions: (a) autonomy--respect for persons as self-determining moral agents; (b) nonmaleficence--do not intentionally, or through unintentional negligence, inflict injury or harm upon others; (c) beneficence--help others to further their important and legitimate interests; and (d) justice--give others what is owed or due or what can be legitimately claimed and fairly distribute both benefits and burdens.

Kitchener (1984) used the above four principles along with the principle of fidelity as a foundation for ethical decision-making in counseling psychology. Also, Brown and Krager (1985) applied the principles of autonomy, nonmaleficence, beneficence, justice, and fidelity, as a framework for delineating and examining the ethical responsibilities of faculty and students in graduate education.

In later writings on biomedical ethics, Beauchamp and Walters (1982) incorporated nonmaleficence under the principle of beneficence. This approach corresponded with the view of Frankena (1973) who included in the principle of beneficence that "(a) one ought not to inflict evil or harm, (b) one ought to prevent evil or harm, (c) one ought to remove evil, and (d) one ought to do or promote good" (p. 47). In addition, Beauchamp and Walters (1982) regarded truth and honesty or "veracity" as prerequisite to respecting

others as autonomous, self-determining agents. Therefore, they subsumed veracity, as well as confidentiality and respecting the privacy of others, within the broad principle of autonomy. As a result, the three fundamental principles of autonomy, beneficence, and justice were identified by Beauchamp and Walters (1982) as being "sufficiently comprehensive to provide an analytical framework by means of which moral problems of biomedical ethics can be evaluated" (p. 26).

Sidgwick (1907), made the observation that "it does not seem clearly agreed whether veracity is an absolute and independent duty, or a special application of some higher principle" (p. 315). As was noted earlier, Ross (1930) regarded promise keeping and truth telling as an expression of the general duty of fidelity whereby one is loyal to and truthful with others. On the other hand, Warnock (1971) ranked the principle of veracity as an independent principle having the same moral status as the principles of nonmaleficence, beneficence, and justice. Hager (1964) quoted the ancient Greek Demosthenes to remind us that "as a building is secure only when it stands on true foundations, so all enterprises are safe only when they have justice and truth beneath them" (p. 92). Also, Kintner and Green (1978) have made the observation that "such general absolute concepts as honesty and fair dealing almost always will be embraced in the development of a code of conduct. Incorporation of such precepts is totally appropriate and necessary to give the code practical vitality" (p. 253). Therefore, while Beauchamp and Walters (1982) felt that the three principles of beneficence, autonomy, and justice were of sufficient broadness to address most, if not all, biomedical ethical issues, it would seem remiss if veracity were not removed from beneath the umbrella of the principle of autonomy and given equal and separate status as a fundamental principle.

While other principles may be identified as being important, the four principles of beneficence, autonomy, justice, and veracity appear to represent foundational principles which could provide an appropriate framework for a professional code of ethics. In addition to their encompassing characteristics, universal appeal and acceptance, and basic categorical force, they carry relevance for a professional's conduct. Each of these four proposed principles will be described in more detail in order to strengthen their justification as a foundational framework for a professional code of ethics.

Beneficence

As described by Beauchamp and Walters (1982), "in its most general form, the principle of beneficence requires us to abstain from injuring others and to help others further their important and legitimate interests" (p. 28). May (1980) referred to this principle as the virtue of benevolent service which is the "sine qua non" of the professional relationship (p. 232). In this sense then, professionals would be obligated to benefit others because of the role they have voluntarily assumed, that is, there is the expectation that beneficent acts will be incorporated within professional relationships. Inferred also by this principle is the notion of competence and the delivery of competent service. Failure to benefit others through incompetence violates professional responsibility, undermines the profession's credibility, and diminishes the public's trust and confidence in the profession's willingness or ability to serve its interests.

Autonomy

A profession's obligation to its clients or patients must include not only a beneficent concern for the client's welfare but also respect for their individuality and freedom.

To respect persons is to see them as unconditionally worthy agents, and so to recognize that they should not be treated as conditionally valued things that serve our own purposes. . . . They must be accorded the moral right to have their own opinions and to act

upon them, as long as those actions produce no serious harm to other persons. (Beauchamp & Walters, 1982, pp. 26-27)

This principle directs the professional to display propriety and basic respect when dealing with others. It tolerates individual differences in others and recognizes their right to privacy and making their own choices. Also, there is an implied commitment to create the necessary conditions for the client's or patient's informed consent during professional practice.

Justice

This principle is most often described in terms of fairness and what is deserved. "A person has been treated justly when he or she has been given what he or she is due or owed, what he or she deserves or can legitimately claim. . . any denial of something to which a person has a right or entitlement is an injustice" (Beauchamp & Walters, 1982, p. 30). As noted by Wirtenberger (1962), "justice is the basic, perennial moral issue in labor relations" (p. 174). Providing a professional service in a fair and impartial manner would certainly underlie this principle. Exploitation for personal gain and conflict of interest would likely be considered unjust acts under this precept, as would be the charging of unfair fees. With particular reference to the biocommunication field, the recognition of authorship, copyright, plagiarism, and piracy would be valid ethical issues within the domain of justice.

Veracity

The principle of veracity is important for assuring accurate and truthful communication. Whether it be verbal or nonverbal, communication is the basis of human relationships. When either form of communication is eroded by lying or dishonesty, that basis is destroyed, and meaningful human relationships, especially those in the ethical realm, become impossible.

May (1980) noted that this principle incorporated much more than merely truthfulness and the avoidance of dishonesty.

Professionals are the knowledge experts in our society. They can, of course, hoard what they know and dispense it guardedly in the form of technical services. But the success of professional work requires the active and intelligent collaboration of the client in the pursuit of professional purpose. . . . Professional veracity, at this point, expands beyond the duty to tell the truth, and includes the enabling act of sharing it. (p. 231)

However, this transmission of knowledge was accompanied with the obligation of intellectual integrity. As expressed by Shils (1983), "the possession and communication of knowledge implies respect for the rules or methods for the pursuit of knowledge; it entails affirmation of and strict adherence to the criteria of truthfulness as they operate in the particular field or discipline" (p. 8).

A professional commitment of loyalty to the client or patient would be recognized under this principle. An agreement to be loyal and true is particularly critical in establishing and maintaining professional relationships. Most professional relationships depend on agreements (implicit or explicit) among the interested parties. For such agreements or promises to be made or maintained, there needs to be some assurance that people are entering into them honestly and intend to follow through faithfully.

Included also within this principle of veracity would be the concept of being true to oneself and to one's profession. That is to say, one should act in a manner which conforms to the ideal of personal integrity and uprightness, and willingly be accountable for one's actions. Furthermore, as a representative of a profession, one should strive to uphold and protect the credibility and reputation of the profession and, thereby, uphold the public's trust.

In conclusion, these four defined principles will serve as a foundational framework for constructing a professional code of ethics for biocommunicators. These principles

provided a helpful basis from which to identify ethical issues in biocommunications as well as from which to derive specific provisions to guide "principled" conduct.

Summary

In this review of the literature an attempt was made to show that contemporary professional codes of ethics rest upon moral concepts which have evolved from the early religious and cultural heritage of western society. The rise of the professions in medieval Europe was traced and the emerging notion of professionalism (i.e., self-governance, expertise, service) examined as an important underpinning for professional practice. In addition, the influence of the early medical codes of ethics as models for today's professional codes was described. Following this development of an historical context for professional codes of ethics, the focus of the review was shifted to the role and purpose of codes and some of their perceived limitations and weaknesses. Also, drawing upon the observations and experiences of various ethicists and code developers, a litany of important code construction considerations were presented. The review was concluded with the argument that a code of ethics required a grounding on fundamental and universally recognized principles, and the rationale for formulating the HeSCA code of ethics around the fundamental principles of beneficence, autonomy, justice, and veracity was presented.

CHAPTER 3

METHODS AND PROCEDURES

The purpose of this study was to develop a concept of ethical behavior as expressed in a code of ethics for the National Association of Health Sciences Communications (HeSCA). A collaborative developmental process was implemented to ensure that the created guidelines for ethical conduct would be perceived by HeSCA members as being valid and acceptable. Specifically, the following questions were investigated:

1. What fundamental principles should underlie the professional behavior of HeSCA members?
2. What kinds of ethical issues arise in the professional roles of HeSCA members?
3. How will the provisions for HeSCA's code of ethics be derived?
4. How will constructive feedback be derived from the HeSCA membership and be incorporated into the code?
5. How will the quality of HeSCA's developed code document be assessed?
6. How will HeSCA's code of ethics be structured?

This investigation was a descriptive study with data obtained through literature review, interviews, a workshop, conferences, and mailed materials. The purpose of this chapter is to present the methodology employed in the conceptualization and development of the code. In addition, the population samples, the data collection instruments and techniques, and the data analysis procedures will be described.

Introduction

The topic of ethics is a highly value-laden issue which commonly elicits strong opinions and disagreements as well as reluctance by some to share their views publicly. Thus, the methods used to identify agreed upon professional ideals and principles among biocommunicators needed to be designed to prevent domination by a few and to provide an option of anonymity for all. Furthermore, to ensure that the code document was a valid reflection of the ideals and principles of the HeSCA membership, and to increase the likelihood that the membership would perceive the code's content as being viable and valid for their professional roles, it was imperative that a consensus be developed that would be based upon the collective judgment of a significant number of biocommunicators representing many diverse backgrounds of experience and expertise.

Because the HeSCA membership is national in scope, the investigator concluded that it would be too time-consuming and costly to assemble repeatedly, at one site, an adequate representation from among the eight professional sections within the Association. Furthermore, a time limit imposed by HeSCA for this project required a method that was both expedient and effective in generating the information and feedback needed for the code's construction. Therefore, a code development strategy involving a series of face-to-face workshops and meetings did not appear to be a viable option. As an alternative, the systematic solicitation of member input was done through sequential mailings of an evolving code document accompanied with specific requests for evaluation and revision feedback. This procedure assured anonymity to the respondents thereby increasing the probability that open and candid critiques and recommendations would be elicited. Also, by soliciting input through the mail, the diversity of opinions were preserved by the avoidance of domination by a majority of respondents or by a few "overbearing" personalities.

In 1983, HeSCA's Board of Directors appointed an ad hoc ethics committee with the charge to formulate a code of ethics for the national association. The first step was to survey the entire HeSCA membership to identify the ethical issues which should be addressed in a future code of ethics for the Association. Presented in the survey (Davenport, 1983) were 11 scenarios which depicted ethical situations that biocommunicators have faced, and responses to the following questions were solicited:

1. Had they experienced the same or similar situation?
2. How did they handle the problem?
3. Should an ethics code address the underlying issue?
4. What other types of situations should be addressed in a code of ethics?

Additional preliminary steps taken by this ad hoc committee included compiling numerous codes that were developed by other associations and reviewing information and materials related to code development. Nonetheless, by mid-1985, a code for the Association had not begun to be written. Therefore the HeSCA Board of Directors decided to recruit someone who would have the time, the interest, and the prerequisite knowledge to construct a code of ethics for the Association.

This investigator's current involvement in developing course materials in professional ethics, and his past experience as an instructional development specialist in biocommunications, led the Ethics Committee of HeSCA to invite the investigator to assume the leadership in the construction of their code. The investigator accepted the charge in late 1985 to have a written code of ethics ready for presentation to the HeSCA membership for their approval at the 1987 HeSCA National Conference. The Ethics Committee chairperson provided the investigator with background materials which the committee had collected or produced, as well as membership lists and letters of endorsement from HeSCA headquarters.

Throughout the development process, the investigator closely communicated with the Ethics Committee to keep it up-to-date on the code's development and progress.

Formulation of an Initial Framework

Construction of an initial framework by the investigator for HeSCA's professional code of ethics provided a "beginning point for departure" in the process of working toward consensus among HeSCA members as to what standards should govern the ethical conduct of biocommunicators.

Principles

Given the insights of Beauchamp and Walters (1982) and those of Veatch (1983), this investigator determined that HeSCA's code of ethics required a grounding in a set of fundamental ethical principles which were widely acknowledged and applicable to all, and that the code's provisions and standards should be statements of these fundamental and universal principles applied to the daily affairs of biocommunicators. Therefore, the investigator's first step was to determine what ethical principles would provide a strong philosophical underpinning for the code and would project universal appeal and self-evident validity. An important consideration was to keep the list of principles to a number that was small enough to facilitate recall, yet large enough to provide sufficient scope to encompass all potential ethical problems and issues (Bahm, 1974). The four principles of beneficence, autonomy, justice, and veracity, which were derived and defined in the preceding literature review section, provided an appropriate foundation of ethical principles around which the initial framework for the code was constructed.

Issues

The functional context of the biocommunication field provides the frame of reference for its ethics. That is to say, the types of ethical dilemmas biocommunicators confront

emerge from their unique professional duties and responsibilities. Heermance (1924) has noted the importance of a code being derived from its professional setting by his statement that "behind each standard is a background of practical experience" (p. 4). As a result, in the construction of a professional code, he urged writers to "supplement the published codes by a study of all available literature and by personal interviews" (p.4). Thus, as a second step for this study, the specific concerns and problems which arise in the daily work roles of biocommunicators needed to be identified. Heeding Heermance's advice, these data were derived from the following sources:

1. A review of articles on ethical issues related to the biocommunication field (DeBakey, 1978; DeBakey & DeBakey, 1978; Salladay & Singarella, 1982; Singarella & Salladay, 1981).
2. Issues identified in the 1983 HeSCA ethics survey conducted by an ad hoc ethics committee (Davenport, 1983).
3. Interviews conducted with five biocommunication specialists (i.e., media production, graphics/illustration, instructional design, health education, and administration) about ethical issues and problems which commonly arise in their respective work roles (Dept. of Biocommunications, University of Texas Health Science Center, Dallas, personal communication, November, 25, 1985).

The investigator derived 20 categories of ethical issues from the array of ethical problems and concerns identified within the biocommunications field. Each of these 20 ethical issues were then categorized under one of the four ethical principles it most logically related (i.e., beneficence, autonomy, justice, or veracity). For example, the issues of propriety, client self-determination, consent, and professional relations, were

listed under the principle of autonomy, which highlights respect for others and recognizes the individual as a self-determining agent.

Provisions

The review of codes of ethics from other associations, those from allied fields in particular, can provide useful models as well as sources for professional standards which address mutual ethical issues and problems (Cook, 1983/1984; Levy, 1974). Therefore, the investigator examined codes of ethics from a wide array of disciplines and associations. These codes were derived from the investigator's personal files, from code files contributed by HeSCA, and from a recently published collection of codes (Gorlin, 1986). Prescriptive statements of conduct which seemed to address ethical issues pertinent to biocommunicators were collated on separate index cards. The compiled statements were perused, redundancies eliminated, and then sorted under the most logically relevant issues. Thus, the statement, "Credit must be given to whomever credit is due," was categorized under the ethical issue of "authorship" which in turn would be classified within the fundamental principle of "justice." This search and sort process produced a final listing of 69 provisions for ethical conduct.

The conceptual framework that resulted from these described procedures was organized around four fundamental ethical principles, 20 ethical issues, and 69 provisions for ethical conduct. This initial code document provided a substantive starting point for HeSCA members to modify and to expand.

Data Collection and Analysis Procedures

Fulmer (1978) found that those who are to be governed by a code are more likely to support its provisions if they are allowed to participate in its formulation. He advised that representatives from all segments of an organization be given an opportunity to approve the

content of a code at each stage of its development. The importance of involving those who will ultimately be obligated to follow the code's tenets also has been stressed by Kultgen (1983). "An individual is morally bound by a code only if he or she has had an appropriate role in forming or reviewing it and can see that it is appropriate, at least in the main, for the professional context" (p. 253). Therefore, once an initial framework for the code was developed, an effort was made to involve a representative population of HeSCA members in the process of code construction.

Since in 1986 HeSCA had approximately 600 registered members throughout the United States, it would have been much too time consuming and costly to assemble repeatedly an adequately representative sample from among the eight professional sections within the Association. Therefore, member input and feedback was solicited primarily through the mail during four code revision cycles. Prior to describing each of these revision cycles in detail, the following is presented as a brief overview.

The objective of the first revision cycle was to solicit HeSCA member input regarding the completeness and appropriateness of the initial code document. This input was collected from two sources: (a) a response form that was mailed to 48 HeSCA members and completed by 22 (46% response rate) and (b) from input contributed by 21 HeSCA members who participated in a one-half day workshop conducted at a HeSCA national conference. The objective of the second revision cycle was to establish the priority of importance for the content of the revised document which emerged from the first cycle. The data collected in this second revision cycle was derived from rating and ranking tasks completed by 22 of 30 HeSCA members (73% response rate). The HeSCA Board of Directors requested that this second revision of the code be forwarded to them for review. The responses received from a 6-member subcommittee, appointed by the Board to evaluate the code document, served as

the third revision cycle for the new HeSCA code. The fourth and last revision cycle consisted of mailing the third revision of the code document with an accompanying rating form to 56 HeSCA members and delegates. They were asked to evaluate the latest revision, particularly in respect to the document's organization, clarity, comprehensiveness, and utility. The feedback received from 25 of this last group of 56 HeSCA members (47% response rate) produced the final revision of the code document which was presented at the 1987 HeSCA National Conference for ratification. (See Appendix A for a detailed chronological outline of the code development process).

First Revision Cycle

This first revision cycle was essentially open ended. That is to say, its primary intent was to uncover additional work-related situations which present ethical problems for biocommunicators, to identify the ethical issues underlying these incidents, and to specify provisions for ethical conduct that would satisfactorily address these professional problems. Also, general recommendations and comments were solicited to help improve the initial conceptual framework.

The principal data collection instrument was a response form (Appendix B) for requesting the following information:

1. Describe the ethics-related incident.
2. Identify (or write) an issue heading which appropriately classifies the incident.
3. Write an ethical standard which could adequately address this or similar future incidents.
4. Share any comments, reactions, or suggestions regarding the initial conceptual framework.

The complete set of mailed materials consisted of the following components:

1. A letter of endorsement from the co-chairperson of the HeSCA Ethics Committee. This was included to give the study credibility through HeSCA's endorsement and support and, thereby, motivate participation and follow-through (Appendix C).
2. A cover letter from the investigator that briefly outlined the overall data collection process, encouraged participation, promised anonymity, and focused attention to the attached directions (Appendix D).
3. A set of directions to guide the respondents step-by-step on the procedures for completing the enclosed response forms (Appendix E).
4. A set of response forms for entering the requested information (Appendix B).
5. A copy of the Initial Conceptual Framework for a Code of Ethics which was the focus for the respondents' feedback and critique (Appendix F).
6. A stamped and addressed return envelope.

First revision sample

The size of the HeSCA's national membership prohibited mailing this packet of materials to every member. Therefore, a sample of the membership population was defined in a manner that would be reasonably representative of the entire membership; but would not be too large a sample so that the collection, analysis, and synthesizing of data would be unwieldy and inhibit "turn-around time" between revision cycles.

Delbecq, Van de Van, and Gustafson (1975) have noted that the size of a panel from which collective opinions and judgments are derived should be determined by "the number of respondents required to constitute a representative pooling of judgments . . . and by the information-processing capability of the design" (p. 26). Furthermore, "once a panel exceeded thirty well-chosen participants, few new ideas were generated" (p. 89). Roscoe

(1975) has recommended as a general rule of thumb "the use of a sample about one-tenth as large as the parent population" (p. 184). Given that the HeSCA population was approximately 600 members, his recommendation would result in a sample size of 60. However, as a result of budgetary and time considerations, the investigator compromised with a selected sample size of 48 HeSCA members who would be invited to participate in this first revision cycle. Since the total HeSCA membership represented a wide diversity of work roles, and desiring representativeness in the selected sample, the HeSCA population was subdivided according to functional roles and a stratified-random sample was chosen in the following manner.

The 1985-86 HeSCA Membership Directory with accompanying address labels was obtained from HeSCA headquarters. The directory provided a breakdown of the membership into the eight functional sections of the Association. A functional section was identified for each member as representing their area of professional interest and expertise. The membership categories included: biocommunication management, biomedical libraries, health education, instructional development, media production and distribution, still media, telecommunications networking, and applied technology. The choice of categories from which the sample would be selected was based on the rationale that approximately 40% of the sample should be represented by HeSCA members who, through their high administrative position or political office, would presumably have a broad perspective of ethical issues facing the biocommunication profession. The majority, or remaining 60%, of the sample should consist of HeSCA members who were representative of the wide array of professional work roles incorporated within this biocommunication association; and, thereby, could identify ethical issues and problems which were generic to their particular discipline. Therefore, of the sample of 48 HeSCA members, 20 were chosen from the ranks

of past presidents of HeSCA and from biocommunication management, and the remaining 28 were selected from among the other seven functional sections. Using a table of random numbers (Lynch & Huntsberger, 1976, p. 389), members were randomly selected from each of the nine roster lists. A breakdown of this first revision sample showed the following composition of invited participants:

Table 1

Composition of the Sample of HeSCA Members Selected for the First Revision Cycle Mailing

<u>Roster Lists</u>	<u>#</u>	<u>% of Sample</u>
Past HeSCA presidents	8	42%
Biocommunication management	12	
Biomedical libraries	4	
Health education	4	
Instructional development	4	58%
Media production and distribution	4	
Still media/print	4	
Telecommunications networking	4	
Applied technology	4	
	<u>48</u>	<u>100%</u>

The first mailing of materials was on March 17, 1986. After 3 weeks, only 13 members had responded. A duplicate set of materials with a follow-up letter was mailed to the 35 non-respondents on April 9, 1986. This elicited another 9 responses, resulting in a total of 22 responses or a 46% return. However, 13 of the 22 respondents indicated that they would be unable to participate in future revisions because of time constraints.

Besides the data collected from these 22 responses, additional comments and suggestions regarding this initial code document were derived from HeSCA members who attended a workshop entitled, Ethics and the Biocommunicator. This one-half day session

was conducted during the HeSCA National Conference held May 3-8, 1986, in Denver, Colorado. The workshop was advertised as an opportunity for HeSCA members to become involved in the identification and discussion of key ethical issues and concerns which currently confront the biocommunication field and to contribute input regarding the development of a code of ethics for their professional organization. The investigator used this session as another resource for collecting further data on the initial framework.

Twenty-one HeSCA members attended the workshop and were distributed accordingly among the following five functional sections of HeSCA: biocommunication management (7), biomedical libraries (6), media production and distribution (5), health education (2), still media (1). None of these workshop attendees were respondents to the earlier mailing in this first revision cycle.

In this workshop, the investigator presented some general background information including, a rationale for the need of a professional code of ethics, an overview of the planned process for developing a code of ethics for HeSCA, and a description of the steps taken to construct an initial conceptual framework for the code. Following this information presentation, a copy of the initial code document (same version as had been mailed out) was handed out to each participant for their perusal and comment. Next, the participants were randomly divided into three groups (7-7-7). The investigator and two other workshop co-leaders served as discussion facilitators for the three groups. Each group was given the charge to openly share work-related problems, either observed or personally experienced, which seemed to have ethical implications. In addition, instructions were given to identify the ethical issues that were embedded in these professional problems and, if time permitted, to attempt to write some statements of ethical provisions which might adequately address similar problems in the future. To provide additional guidance and to help structure this

task assignment, worksheets were distributed to each group (Appendix G). The worksheets provided directions and space for entering the information requested under each of three column headings (i.e., work-related situation; issue(s) involved; and ethical standard statement). An example was included on the worksheet to illustrate the type of information that might be entered under these headings. Following an hour of discussion and task work, the groups reassembled for a plenary session. Each group leader provided a summary of findings from their group's interaction. A general discussion followed the three group reports. The group reports and the general discussion were audiotaped for later review by the investigator. In addition, the worksheets completed by the groups were collected by the investigator.

Data analysis procedures for the first revision cycle

The investigator compiled, reviewed, and categorized the contents of the returned questionnaires, the workshop audiotapes, and the workshop worksheets into the following data sets:

1. Work-related ethical issues not already represented in the framework.
2. Proposed provisions to address these new issues.
3. Provisions to be added under the original issue headings.
4. Provisions to be deleted or modified.
5. Recommendations for improving the clarity of the issues, principles, and provisions.
6. Recommendations for improving the organization and layout of the framework.
7. Recommendations for reducing redundancy and improving succinctness.

This collected information provided a sufficient data base to guide the investigator in the first revision of the initial code framework. All contributed items were reviewed to

eliminate duplication and some items were edited for clarity before being incorporated into the framework. A first revision code document emerged from this cycle.

Second Revision Cycle

The major objective of this second revision was to attain some sense of perceived priority regarding the ethical issues, principles, and provisions to be included in a code for biocommunicators. It was also intended to invite further editing input as well as additional content for inclusion consideration. The principle data collection instruments were (a) a form for rating the principles and provisions that were generated by the previous cycle (Appendix H) and (b) a ranking form which listed for rank-ordering all the ethical issues that had been identified at this point (Appendix I). Specifically, the participants were requested to perform the following tasks:

1. Rate each listed principle and provision in terms of its importance for inclusion in a professional code of ethics for biocommunicators. A 6-point Likert scale was provided in which a 5 represented "extremely important" and a 0 represented "no importance."

2. Provide reason(s) when any principle or provision was rated as being extremely important or having no importance.

3. Rank-order the ethical issue headings included in the framework in terms of their importance to most biocommunicators as they carry out their professional responsibilities. The most important issue was given a rank score of 15 and the least important a score of 1.

4. Make any editing changes directly on the copy which would improve the clarity or relevance of the framework's content.

5. Suggest additional content that should be considered for inclusion in a code of ethics for biocommunicators.

6. Share any general comments about the revised framework.

The set of materials mailed out in this second revision cycle included the following:

1. A cover letter from the investigator (Appendix J).
2. A ranking form containing a set of instructions for providing the requested information and a designated area for entering the issue-ranking scores (Appendix I).
3. A rating form which listed principles and provisions for rating, editing, and general feedback (Appendix H).
4. A stamped and addressed return envelope

Second revision sample

In an attempt to obtain a higher response rate, the investigator mailed the second round of materials to a self-selected sample of 30 HeSCA members. This sample comprised 9 members who responded in the first round and had not indicated any inability to continue and an additional 21 HeSCA members who either had expressed an interest in being involved during the earlier ethics workshop, or had been recommended for inclusion by the HeSCA Ethics Committee. A breakdown of this sample's distribution among the eight functional sections is shown in Table 2.

By rank-ordering the functional sections according to the percentage of the HeSCA membership registered in each area, it was evident that this self-selected sample did not reflect an optimum representative balance among the various functional sections. However, this was a "trade-off" in an attempt to achieve a greater level of participant input.

The mailing of the second revision cycle materials occurred on June 18, 1986. On July 30, 1986, a follow-up letter was mailed to 12 members who had not yet responded. This reply request elicited 4 more responses. A total of 22 of the 30 HeSCA members responded reflecting a 73% return rate. However, one of these respondents did not perform

the rating and ranking tasks; only general comments were contributed. Thus, 21 rating and ranking replies were usable for statistical analysis.

Table 2

Composition of the Sample of HeSCA Members Selected for the Second Revision Cycle Mailing

<u>Functional Section</u>	<u>#</u>	<u>% of Sample</u>	<u>% of Membership</u>
Media production and distribution	5	17%	(26%)
Biocommunication management	9	30%	(21%)
Health education	4	13%	(15%)
Biomedical libraries	6	20%	(14%)
Instructional development	2	7%	(10%)
Still media	2	7%	(9%)
Telecommunications networking	1	3%	(3%)
Applied technology	1	3%	(2%)
	<u>30</u>	<u>100%</u>	<u>(100%)</u>

Note: Four of these second round participants were former HeSCA presidents.

Data analysis procedures for second revision cycle

The following steps were used to organize the data from the returned questionnaires to facilitate the investigator's next revision of the code document:

1. A frequency distribution, group mean, and standard deviation were calculated for each rated principle and provision. The group mean was used to determine each principle's and provision's perceived importance. The standard deviation served to identify quickly items that elicited a wide divergence of opinion from among the respondents. Group consensus was defined as at least 85% of the distributed ratings falling within one unit of the group mean. For example, if an item had a group mean rating of 4.12 on a 0-5 Likert scale, the range for being within one unit would be from 3.12 to 5.12. Therefore, 85% of

the respondents' ratings would need to have been a "4" or a "5" in order for there to be a consensus or group agreement on the item's rating. One unit was chosen instead of one standard deviation for these reasons: (a) discrete data were being analyzed, (b) the same amount of variability would be allowed for every item that was rated, and (c) a stricter criterion level resulted.

2. A priority ranking of ethical issues important to biocommunicators was achieved by summing the scores (1 - 15) given by the 21 respondents to each of the issue headings, then arranging them hierarchically (i.e., low to high) according to their calculated totals.

3. In organizing the comments and/or edits pertaining to the framework, each principle and each provision was typed on a separate 8x5 index card. Any comments or edits which were directed toward a particular principle or provision were entered on the appropriate index card. This systematic compilation of all feedback regarding a specific principle or provision facilitated identifying repetitive comments or suggested changes. Also, comments or recommendations that pertained to the framework in general, or to the study itself, were recorded on a separate index card. And, any input regarding the inclusion of new issues, principles, or provisions, were notated on another separate index card.

The priorities given to the ethical issues; the importance assigned to the various principles and provisions; the recommended additions, deletions, and modifications in the document's content; and the respondents' general observations and remarks, all provided a generous information base and direction for writing a first complete draft of the proposed code of ethics. This produced a second revision document.

Third Revision Cycle

The HeSCA Board of Directors requested that a complete draft of the proposed code be presented to them during their mid-year meeting in Norfolk, Virginia on November 7-11,

1986. Therefore, the second revision code document, which was written by the investigator over a 2-month period, was submitted in multiple copies to the HeSCA Board of Directors in early November of 1986.

Third revision sample

A subcommittee of the Board of Directors was appointed to peruse and critique this code draft. The six subcommittee members represented the following functional sections: biocommunication management (2), biomedical libraries, instructional development, media production and distribution, and still media.

The reviewers were provided with a one-page rating form (Appendix K) for rating the code's perceived organization, clarity, comprehensiveness, and utility. Using a 6-point Likert scale (0=strongly disagree; 5= strongly agree), the subcommittee members were to indicate their level of agreement to the following four statements about the code:

1. The organization of the code is logically coherent.
2. The principles and provisions are clearly stated and easy to understand.
3. The ethical principles and provisions are comprehensive enough to satisfactorily relate to the types of ethical problems biocommunicators encounter in their professional roles.
4. These ethical principles and provisions will be a useful resource for HeSCA members to help guide their professional conduct.

If any of the above statements were rated less than a "3", the reviewers were to describe the specific shortcomings and give suggestions for improving the particular area of weakness.

The subcommittee's ensuing discussions and critiques were audiotaped. Every paragraph in the draft was numbered sequentially for easy reference when items came under

discussion. The audiotapes and the completed rating forms were forwarded to this investigator for his consideration during the next revision phase.

Data analysis procedures for the third revision cycle

The investigator compiled all the edits and comments from the subcommittee on a master copy of the code draft. In addition, the audiotapes were reviewed and notes taken pertaining to suggested changes and any concerns voiced by the subcommittee reviewers. To attain an estimate of the subcommittee's approval for the code's organization, clarity, comprehensiveness, and utility and to determine the degree of consensus that existed, a frequency distribution, a group mean, and standard deviation were calculated for each of the four rated characteristics. A score of 4.00 or higher indicated to the investigator that there was strong agreement with the statement describing the particular code characteristic. Also, whenever 85% of the respondents' ratings were within one unit of the group mean, it was judged that a group consensus existed for the averaged rating received by a particular code characteristic. Finally, any contributed comments and suggestions for improving areas of weakness were also reviewed and considered for inclusion in the third revision of the code document.

Fourth Revision Cycle

The investigator desired to acquire some estimate of the code's acceptability by HeSCA members and thereby attain a measure of its readiness for presentation at the HeSCA National Conference in May 1987. Therefore, the third revision document was mailed on March 24, 1986, to a sample of the HeSCA membership for a final round of comment and critique. The following materials accompanied the code document:

1. A progress update written by the co-chairpersons of the HeSCA Ethics Committee to motivate compliance in responding to this final revision cycle (Appendix L).

2. A cover letter from the investigator (Appendix M).
3. A rating form which was the same version used in the preceding cycle (Appendix K).
4. A stamped and addressed return envelope.

Fourth revision sample

These materials were mailed to the 28 members of the HeSCA Delegate Forum, to the 5 members of the HeSCA Ethics Committee who were not members of the Delegate Forum, and to 23 HeSCA members not included in either of these two groups, but who were contributing participants in any of the earlier revision cycles. Shown in Table 3 is the breakdown of this fourth revision sample in terms of the distribution of participants among the various functional sections.

Table 3

Composition of the Sample of HeSCA Members Selected for the Final Revision Cycle Mailing

<u>Functional Section</u>	<u>#</u>	<u>% of Sample</u>	<u>% of Membership</u>
Media production and distribution	15	27%	(26%)
Biocommunication management	14	25%	(21%)
Health education	6	10%	(15%)
Biomedical libraries	11	20%	(14%)
Instructional development	6	10%	(10%)
Still media	2	10%	(10%)
Telecommunications networking	1	2%	(3%)
Applied technology	1	2%	(2%)
	56	100%	(100%)

Note: Five of these fourth revision participants were past HeSCA presidents.

The Delegate Forum was included in this final round because of its leadership role within the HeSCA organization. That is to say, its membership included the chairpersons of all HeSCA standing committees as well as the liaison representatives for the nine national

regions. Furthermore, the completed code was to be presented to the Delegate Forum for approval during the May 1987 National HeSCA Conference. This final revision cycle offered this investigator an opportunity to gain an estimate of consensus among the HeSCA membership, particularly the delegate group, regarding the code's acceptability.

Data analysis procedures for the fourth revision cycle

A total of 25 responses were received from the 56 individuals surveyed which produced an overall response rate of 45%. Due to the lack of time remaining before the HeSCA National Conference in May, no follow-up letters were mailed. All contributed comments were reviewed and compiled under five headings: "organization," "clarity," "comprehensiveness," "utility," and "other." Any notated edits (misspellings, typos, grammatical errors, etc.) were recorded on a master copy of the latest revision of the code. In order to determine the degree of approval or disapproval as well as the degree of consensus that existed among the respondents regarding the code's characteristics, a frequency distribution, a group mean, and standard deviation were calculated for each of the four rated characteristics. Any code characteristic attaining a group mean rating of 4.00 or above was considered by the investigator as having attained a satisfactory level of quality. And, if at least 85% of the respondents' ratings were either a "4" or a "5" on the 6-point Likert scale, then there was evidence of significant group agreement or consensus that a satisfactory level of quality was indeed attained. This final round of ratings and written feedback provided the investigator a data base for assessing what further code modifications were needed. These final changes were incorporated and produced the fourth revision document. This final version of the code document was printed in a more stylized format (Appendix N) and presented for ratification at the HeSCA National Conference in May 1987.

Summary

This study included five major phases. A preliminary phase constituted the development of an initial framework for a professional code of ethics. Once this initial code document was created, four revision cycles ensued. The first revision cycle consisted of expanding and validating this initial framework. In the second cycle priority ratings and rankings were elicited for the issues, principles, and provisions which were being considered for inclusion in the code. The first complete draft of the proposed code was the result of the second revision cycle. An interim review of this code document was requested by the HeSCA Board of Directors. The evaluation and critique by a Board subcommittee served as the third revision cycle. The fourth and final cycle was an attempt to ascertain if consensus of opinion existed among HeSCA members in regard to the completed code's organization, clarity, comprehensiveness, and utility.

CHAPTER 4
PRESENTATION AND ANALYSIS OF THE RESULTS

Introduction

The purpose of this study was to develop a concept of ethical behavior as expressed in a code of ethics for the National Association of Health Sciences Communications (HeSCA). Once an initial code document was framed by this investigator, it was submitted to a representative segment of the HeSCA membership through a sequence of revision cycles. The feedback elicited from these HeSCA members provided the investigator with the information necessary to guide his composing of the professional code so that it reflected the ethical ideals of HeSCA.

A total of 59 HeSCA members were active participants in the code's development. That is to say, at the completion of the fourth and final revision cycle, 59 HeSCA members had examined the code document at least once at some stage of its development and had provided some type of feedback. Two of these members participated in all four revision cycles, 8 participated in three of the four revision cycles, 15 were participants in two of the revision cycles, and the remaining 34 members provided feedback in at least one of the revision cycles. Thus, a cumulative sample of 59 HeSCA members ultimately contributed to this study.

These 59 HeSCA members were distributed among 26 states and Canada (one member). In addition to being national in scope, this sample was reasonably

representative in terms of the distribution of their professional work roles when compared to a proportionate breakdown of HeSCA's eight functional sections as shown in Table 4.

Table 4

Composition of the Total Sample of HeSCA Members Who Participated in the Study

<u>Functional Section</u>	<u>#</u>	<u>% of Sample</u>	<u>% of Membership</u>
Media production and distribution	13	22%	(26%)
Biocommunication management	16	27%	(21%)
Health education	6	10%	(15%)
Biomedical libraries	9	15%	(14%)
Instructional development	7	12%	(10%)
Still media	3	5%	(9%)
Telecommunications networking	3	5%	(3%)
Applied technology	2	4%	(2%)
	<hr/>	<hr/>	<hr/>
	59	100%	(100%)

Note: Six members in this total sample were past HeSCA presidents.

This total sample of participants in the code's development process appeared to be sufficiently widespread and representative. Furthermore, it closely conformed to Roscoe's (1975) "rule of thumb" which was a minimum sample size that is at least one-tenth as large as the parent population.

The following approach is taken in the presentation and analysis of the results of the study. The data used to formulate an initial conceptual framework for the code will be presented and discussed, then, the data relative to each of the four revision cycles will be examined. In the presentation of results, each of the six research questions posed in this study will be restated during the discussion of data that closely relates to a specific research question.

Data Relative to the Formulation of the Initial Framework

An initial framework for HeSCA's code was constructed around three major components: (a) foundational principles, (b) ethical issues, and (c) guiding provisions. Therefore, the description of the development of this initial code document, submitted subsequently to four revision cycles, was organized around these three components.

Foundational Principles

Influenced by Veatch's (1983) position that basic precepts of morality were essential elements for any code of ethics, the investigator determined that HeSCA's code of ethics required a philosophical grounding in a set of fundamental principles which were widely accepted and applicable to all. Therefore, a crucial step was to peruse the relevant literature in search of foundational principles which would provide a strong ethical underpinning for the code and would have universal appeal and self-evident validity. An important consideration was to keep the set of principles to a number that was small enough for easy recall, yet large enough to encompass most, if not all, ethical problems.

The most helpful data relative to the identification of the foundational principles came from the works of Ross (1930) and Beauchamp (1982), as well as from Beauchamp's collaborative writing's on bioethics (Beauchamp & Childress, 1979; Beauchamp & Walters, 1982). As a result of these writings, a set of principles were derived in response to the first research question posed in this study: What fundamental principles should underlie the professional behavior of HeSCA members? Four fundamental principles were identified to serve as an underpinning for the professional behavior of HeSCA members. These four principles were defined respectively as follows:

Principle of beneficence. This principle requires that the professional helps others to further their important and legitimate interests by providing competently a needed service. The prevention or removal of possible harm to others also falls within this principle.

Principle of autonomy. This principle requires that the professional has a general respect for human dignity and the uniqueness of others. Persons are to be respected as unconditionally worthy agents who have a right to self-determination as long as the resulting actions do no harm to others.

Principle of justice. This principle requires that the professional treats others in a fair and impartial manner and gives what is due or owed or what can be legitimately claimed.

Principle of veracity. This principle requires the professional to observe truthfulness and accuracy and personal integrity in all interactions.

Once this foundation of four fundamental principles was established, the investigator next sought to define the ethical standards which should flow from each of the principles. However, these standards first had to be validated by the types of ethical issues that biocommunicators encounter in their work roles. Therefore, an important prerequisite to defining standards was to identify the ethical issues which have high relevance to the biocommunication field.

Ethical Issues

A number of data sources were used to help identify the kinds of ethical issues that confront HeSCA members as they execute their professional assignments. These data were used to address the second research question in this study: What kinds of issues arise in the professional roles of HeSCA members?

During the preliminary phase of this study, an initial set of issues was derived from the following information sources:

1. A review of articles on ethical issues and problems pertaining to the biocommunication field (DeBakey, 1978; De Bakey & De Bakey, 1978; Salladay & Singarella, 1982; Singarella & Salladay, 1981).
2. Issues identified in the 1983 HeSCA ethics survey conducted by an ad hoc ethics committee (Davenport, 1983).
3. Interviews conducted with five biocommunication specialists (i.e. graphics/illustration, media production [2], health education, instructional design, and administration) about ethical issues and problems which commonly arise in their respective work roles (Dept. of Biocommunications, University of Texas Health Science Center at Dallas, personal communication, November, 25, 1985).

Review of biocommunication literature

"Confidentiality" and "informed consent" were identified by Singarella and Salladay (1981) as "two of the most difficult ethical issues facing biocommunicators" (p.13). In their discussion of the concept of an "informed" consent, Singarella and Salladay cited three ethical conditions which ought to be present, namely (a) the consenter's ability to understand and decide, (b) the avoidance of coercion, and (c) the adequacy of the information presented. In regard to this last condition, they raised for ethical consideration the issues of how much information should be shared with a client or patient about the use of the media, what information needs to be shared about the intended use of the media, and for what length of time should consent on the use of media remain in effect. The other crucial ethical consideration cited by these two authors was the assurance of confidentiality in the procurement and use of media. For example, who will have access to use the media, how long will it be kept, and how will anonymity be protected?

In a later article by Salladay and Singarella (1982), further and more specific ethical issues were raised, including

1. The duration and review process for a valid release form.
2. The extent and limits in assuring confidentiality.
3. The determination of the general or restricted use of media.
4. The coercion of a client or a patient.
5. Defining sanctions for the violation of accepted ethical standards.
6. The formulation of appropriate review of redress procedures for ethical violation.
7. Client or patient rights to participate in decision-making in the media production process.
8. Professional accountability and the dimensions of ethical responsibility when working with other segments of a health care team.
9. The reality of a biocommunication department's need to function as a business and "pay its own way" without compromising the interests of its clients or the general public.
10. The protection of the privacy, rights, and dignity of those to whom services are provided.
11. The protection and acknowledgment of an author's or producer's original ideas and creations.
12. The determination of distribution rights for media dissemination.
13. The biocommunicator's responsibility to safeguard the health and welfare of clients and patients during the delivery of professional service.

In their writings on biocommunication, DeBakey and DeBakey (1978) raised the issue as to whether a medical reporter's responsibility is merely to transmit information or to interpret it as well. Their ethical concern rested on the journalist's power to influence. "Even if journalists do not tell the public what to think, they do influence by the very selection of the material disseminated, what the public thinks about" (p.151). This can also

apply to other biocommunicators such as illustrators, scriptwriters, photographers, and instructional developers. Therefore, it is important that any information communicated is accurate and truthful, and that it is transmitted in a clear and impartial manner.

In a related article, DeBakey (1978) cited the ethical problem of the ownership of information as its transmission becomes easier. He emphasized the need to "guard against doing anything that will deny the author his rightful priority" (p. 189). To help explicate the issue of authorship, DeBakey offered this guideline:

One would expect the by-line to contain the names of those who contribute substantively to the form, as well as the content, of the report, and to display those names in descending order of magnitude of their contribution to the intellectual concepts in, and the literary exposition of, the report. (p.191)

He further noted that plagiarism and piracy of any type should be avoided thereby "ethics requires that the ideas and words of others be acknowledged by citation of their sources" (p.193). DeBakey also pointed out that the advent of the computer has made client and patient records more easily accessible as data bases and, therefore, greater effort must be made to reduce the risk of unauthorized disclosure which may compromise confidentiality. He concluded his discussion of ethical issues in biocommunication with the following list of tenets which, in his opinion, should be part of any formal code of ethics:

intellectual honesty; scientific integrity; acknowledgment of the original concepts and contributions of others; respect for the rights, and protection of the privacy, of patients and experimental subjects; unbiased evaluation of the works of colleagues; and recognition and admission of errors. (p.194)

HeSCA 1983 ethics survey

In 1983 the entire HeSCA membership was surveyed by a HeSCA ad hoc ethics committee (Davenport, 1983) in an attempt to identify the ethical issues which should be addressed in the Association's code of ethics. Presented in the survey were 11 scenarios

which depicted ethical situations that biocommunicators have faced and responses to the following questions were solicited:

1. Had they experienced the same or similar situation?
2. How did they handle the problem?
3. Should an ethics code address the underlying issue?
4. What other types of situations should be addressed in a code of ethics?

An analysis of the responses to questions #1 and #3 in the 163 returned surveys showed that many biocommunicators had personally experienced similar situations, and an even greater number felt that these situations should be addressed in a code of ethics. The investigator ranked the 11 scenarios from the highest to the lowest number of respondents who felt that similar situations should be addressed in a code of ethics. Listed next to each of these ranked scenarios were the total number of respondents who wanted the situation addressed in a code and the total number of respondents who had experienced a similar situation (Appendix O). As a next step, the investigator classified each scenario according to the ethical issue most prominently involved. Presented below are the resulting issue categories derived from the 11 scenarios. They are listed according to their priority for inclusion in a code as indicated by the survey respondents.

1. Copyright infringement (prominent issue in two scenarios).
2. Lack of informed consent.
3. Misrepresentation of data (prominent issue in two scenarios).
4. Not crediting another's creative contributions.
5. Unauthorized distribution of material.
6. Unfair discrimination.
7. Violation of personal values.

8. Unjustified cost.
9. Unfair practice for personal gain.

None of the respondents contributed any additional ethical situations for consideration.

Informal interviews with biocommunicators

On November 25, 1985, this investigator had the opportunity to conduct informal interviews with five biocommunicators employed at the University of Texas Health Science Center at Dallas. These current HeSCA members represented the following areas of professional responsibility: still media, media production and distribution, instructional design, health education, and biocommunication management. The interviews were conducted individually and each person was asked to share what he or she saw to be of significant ethical concern during the executing of one's professional role. Summarized subsequently are the significant issues which surfaced during these interviews along with the questions and insights that emerged during the discussion of these issues.

1. Copyright and infringement--To whom does the product belong? Ultimately one needs to consider whose interest is being served. Some common justifications for using copyrighted material included "everyone does it" (precedent), "no time to seek permission" (expediency), "save us some expense" (profit), and "this is only used for educational purposes" (fair use).

2. Distribution and use of materials--When do materials become public domain? Are the materials being distributed and used as they were originally intended? Agreements and restrictions need to be spelled out by the marketing parties.

3. Accuracy of information--In the case of "retouching" photos or illustrations, where is the line drawn between artistic license for creative interpretation and significantly distorted data?

4. Authorship and giving due credit--On a collective production, how should primary authorship be determined? There is need to remain sensitive to all contributors' roles. Should the assignment of credit in a collective work be done alphabetically or according to production role?

5. Respecting patient rights and dignity--Are patient's fully informed? Respecting human dignity also applies to the handling and disposal of anatomical parts and specimens.

6. Conflict of interest--Freelance work can often compete with one's service role. The choices recommended to clients should be justified in terms of the client's needs and not "rationalized" to serve personal interests. The biocommunicator is often a third party between the client and patient; to whom does he or she have overriding responsibility? The various biocommunication specialities can have competing interests. For example, the media librarian seeks to maximize the sharing of materials by promoting their widest distribution and use through loaning with little or no cost. Conversely, the media producer often needs a financial return for production cost recovery; therefore, would likely seek to minimize the free sharing or loaning of materials.

The collected data on issues relevant to biocommunicators resulted in a total of 20 major issue headings being composed by the investigator for inclusion in the initial conceptual framework for a code of ethics. These 20 issues were organized under the four previously identified principles. An issue's placement under a particular principle was based on the investigator's personal judgment as to how well the issue logically related to the principle. This subjective classification process resulted in the following organization of issues within principles:

1. Principle of beneficence--(a) quality of service, (b) professional competence, (c) consultation and referral.

2. Principle of autonomy--(d) propriety, (e) client self-determination, (f) informed consent, (g) professional relations.

3. Principle of justice--(h) confidentiality, (i) fees, (j) conflict of interest, (k) authorship, (l) copyright, (m) personal gain, (n) discrimination in service.

4. Principle of veracity--(o) truth and accuracy, (p) promise keeping, (q) professional representation, (r) safeguarding the profession, (s) personal integrity, (t) personal accountability.

As will be seen in the second revision cycle, this delineation of ethical issues became the basis from which evolved the code's 12 subdivisions of ethical standards.

Guiding Provisions

The third research question in this study was as follows: How will the provisions for HeSCA's code of ethics be derived? To address this question, the investigator examined numerous professional codes of ethics and extracted those provisions which had bearing to any of the 20 ethical issues identified as being relevant to biocommunicators. The compiled provisions were sorted under their most logically relevant issues, then condensed into a succinct set of direct statements which would serve as appropriate actions in addressing the targeted issue. As an example, the six code statements listed below were classified under the general issue of "safeguarding the profession" and then consolidated into three prescriptive provisions. The page location in Gorlin's (1986) Codes of Professional Responsibility follows each code statement.

The social worker should take action through appropriate channels against unethical conduct by any other member of the profession. (p. 167)

The nurse acts to safeguard the client, and the public when health care and safety are affected by incompetent, unethical, or illegal practice by any person. (p. 154)

A physician shall strive to expose those physicians deficient in character or competence, or who engage in fraud or deception. (p. 101)

Dentists shall be obliged to report to the appropriate reviewing agency . . . instances of gross and continual faulty treatment by other dentists. (p. 88)

Engineers having knowledge of any alleged violation of this code shall cooperate with the proper authorities in furnishing such information of assistance as may be required. (p. 257)

Expose corruption wherever discovered. (p. 197)

The preceding six code statements were consolidated under the issue of "safeguarding the profession" as these three code provisions:

1. Promptly expose any illegal or unethical conduct detected.
2. Expose those deficient in character or competence, or who engage in fraud or deception.
3. Report to the appropriate reviewing agency instances of gross and/or faulty treatment of clients by fellow colleagues.

The outcome of this synthesizing procedure was the production of 69 provisions distributed among the 20 issue headings.

The final product that emerged was an initial framework for HeSCA's code of ethics organized around four foundational principles, 20 ethical issues, and 69 provisions for ethical conduct (Appendix F). The investigator recognized that this initial code document was both incomplete and imperfect. That is, there were undoubtedly other principles, issues, or provisions which could have been included, redundancy and ambiguity likely existed, and the organization could have been argued. Nonetheless, the resulting framework was a substantive beginning point and a tangible document for HeSCA members to critique and modify through a series of revision cycles. The subsequent four revision cycles which this document went through was intended to address the fourth research question: How will constructive feedback be derived from the HeSCA membership and incorporated into the code?

Data Relative to the First Revision Cycle

The investigator used data derived from two sources to guide his decisions during this first round of revision. The first set of data came from the 22 HeSCA members who completed the response form which accompanied the initial code document. The second set of data were acquired from the contributions of 21 HeSCA members who attended an ethics workshop where the document was presented for an open critique. The results of both of these data collection occurrences will be respectively presented and discussed.

Data Elicited from the Questionnaire

The initial code document and attached response form (Appendix B) which was mailed to 48 HeSCA members (Table 1) was intended to solicit the following data:

1. The description of ethics-related incidents which were observed or experienced.
2. The identification of the ethical issues raised by these incidents.
3. The composition of additional provisions which might adequately address similar future incidents.
4. The contribution of general comments and reactions to the document, particularly in regard to its applicability to their work roles.

The first revision cycle mailing was answered by 22 HeSCA members. Four of the respondents contributed a total of 16 incidents with delineated issues; however, only 10 of these incidents were accompanied with a recommended provision (Appendix P). General comments regarding this initial code document or the code development process were received from 12 of the 22 respondents (Appendix Q). Due to various time constraints, competing obligations, or not feeling qualified to participate, 13 of the respondents indicated that they would be unable to take part in further revision cycles.

Data Elicited from the Workshop

Because of the disappointing response to the questionnaire, the investigator sought more member input regarding the code document at an ethics workshop which was held in conjunction with HeSCA's annual national conference. This one-half day session was attended by 21 HeSCA members. The participants were divided equally into three task groups. Each group was given the charge to contribute work-related incidents and issues having ethical significance for biocommunicators and, if time permitted, to develop additional provisions for inclusion in the code. A total of 11 incidents and their related ethical issues were produced by the three groups (Appendix R). None of the groups attempted to compose specific ethical provisions to address the identified incidents. The investigator audiotaped the general discussion which ensued when the task groups were reassembled for a plenary session. The discussants' remarks and suggestions which were noted by the investigator for later consideration may be found in Appendix S.

Based upon the general comments and reactions given by the questionnaire respondents and the workshop participants, the investigator concluded that these HeSCA members were generally pleased with this initial effort, particularly because it showed some tangible progress in the creation of a code for the Association. From the 27 incidents which were collectively contributed by the questionnaire respondents and workshop participants, a total of 45 issues were cited. These are displayed in Table 5.

Since the responding members were in possession of the initial code document, the majority of the cited issues directly reflected the headings used in the document. The investigator's perusal of cited issues other than those titled in the document (i.e., misrepresentation, professional responsibility, respect for privacy and dignity, plagiarism, falsification of data, and self-interest) revealed that they were being addressed either

directly or indirectly somewhere in the framework. Thus, the issues highlighted in the initial framework appeared to encompass adequately the ethical concerns of these two groups of biocommunicators. Nonetheless, constructive feedback received from the first revision cycle participants during the open critiquing of the document indicated that significant modifications needed to be performed.

Table 5

Ethical Issues Cited by the First Revision Cycle Respondents

<u>Issues</u>	<u># Citations</u>	<u>Issues</u>	<u># Citations</u>
Copyright	6	Propriety	2
Truth and accuracy	5	Fees	2
Informed consent	4	Respect for privacy/dignity	2
Authorship	3	Justice	1
Misrepresentation	3	Plagiarism	1
Quality of service	2	Falsification of data	1
Professional integrity	2	Professional representation	1
Professional responsibility	2	Person accountability	1
Discrimination in service	2	Self-interest	1
			45 Total

First Cycle of Revisions

The performed revisions will be described under the seven types of recommendations made by the HeSCA members who participated in this first revision cycle.

Identify the intended subject of the provisions. To denote the intended target audience, the phrase, "the biocommunicator should " was added to the beginning of every provision.

Develop a fuller description of the principles. Each of the four foundational principles were more fully defined. The following example shows how the description of the principle of beneficence was elaborated.

Initial Description: To help others further their important and legitimate interests, including the prevention or removal of possible harms. The positive benefiting of others by competently providing needed service.

Revised Description: In its most general form, this principle requires one to abstain from injuring others and to help others further their important and legitimate interests, including the prevention or removal of possible harms. Benevolent service is the "sine qua non" of the professional relationship. Therefore one should contribute to the welfare and benefit of others by providing all needed professional services in a competent and unselfish manner.

Reduce the number of issue headings by combining and integrating. The 20 issue headings contained in the initial framework were reduced to 15 with these changes: (a) "consultation and referral" was incorporated within the issue of "professional competence," (b) "client self-determination" and "informed consent" were combined under one issue heading retitled as, "self-determination and consent," (c) the issue of "fees" was merged with "personal gain," (d) "copyright" and "authorship" were combined as one issue, and (e) the issue of "promise keeping" was incorporated under the issue of "personal integrity."

Reduce the number of provisions by combining and integrating. A total of 39 provisions were reduced to 19 by combining 2 or more closely related provisions into a comprehensive statement. Note the following examples:

Initial document: Strive to become and remain proficient in professional practice and the performance of professional functions.

Improve one's competence and advance the knowledge and proficiency of the profession through continuing research and education.

Revised document: The biocommunicator should strive to improve one's competence and advance the knowledge and proficiency of the profession through continuing research and education.

Initial document: Respect the rights and interests of others.

Respond to those seeking professional assistance with impartial courtesy and consistent good will.

Revised document: The biocommunicator should always endeavor to respect the rights and interests of others and to respond to those seeking professional assistance with impartial courtesy and consistent good will.

Initial document: Adhere to commitments made to the employing organizations.

Honor all promises and commitments included in agreements.

Honor the terms of contracts agreed upon.

Revised document: The biocommunicator should adhere to commitments and promises made to the employing organizations and to the clients being served and honor the terms of contracts agreed upon.

Elaborate on the content of some of the provisions. Nine provisions were amplified to enhance their specificity and/or broaden their reference. Some examples of this elaboration included the following:

Initial document: Obtain adequate prior and informed consent to use information obtained during the course of one's professional work.

Revised document: The biocommunicator should obtain adequate prior and informed consent to use information obtained, or materials produced, during the course of one's professional work. This should include fully disclosing how the information or materials will be used and for what length of time they will be in service.

Initial document: Shall not accept or tender "rebates" or split fees."

Revised document: The biocommunicator should not accept or tender fees or commissions to others for client referrals, or enter into arrangements for franchising services to others for personal gain.

Initial document: Use authoritative sources and provide adequate documentation.

Revised document: The biocommunicator should use authoritative sources and provide adequate documentation to achieve maximum credibility in the production and dissemination of information.

Eliminate redundant or ambiguous provisions. Two provisions were deleted. The provision, "expose those deficient in character or competence, or who engage in fraud or deception" was eliminated because of its subjective reference to the judgment of character. Furthermore, this deleted provision was covered adequately by the following provision included in the revised document:

The biocommunicator should promptly expose any illegal or unethical conduct detected. This includes reporting to the appropriate reviewing agency instances of gross and/or faulty treatment of clients by fellow colleagues.

The other eliminated provision had stated, "seek changes to those requirements which are contrary to the best interests of the client." It was pointed out by a respondent that this statement was highly ambiguous especially in regard to the phrase "those requirements."

Include additional statements of ethical standards. Only one new provision was suggested for inclusion in the framework and this was added under the issue heading of "copyright and authorship". This additional standard stated:

The biocommunicator should obtain appropriate permissions to use the creations of another and give proper credit to the creator(s).

This first revision cycle produced a modified framework which retained (albeit expanded) its four foundational principles. Through a great deal of synthesizing, the number of issue areas were collapsed from 20 to 15, and the 69 provisions had been

reduced to 45 more fully framed provisions for biocommunicators. With the production of this revised document, the next step was to determine more precisely the importance and priority these revised principles, issues, and provisions held for HeSCA members.

Data Relative to the Second Revision Cycle

This revised document and accompanying materials were mailed to 30 HeSCA members (Table 2). A 6-point Likert scale ranging from 0 (no importance) through 5 (extremely important) was placed next to every principle and provision in the code document (Appendix H). The HeSCA members were requested to rate each of the code's proposed four principles and 45 provisions in terms of their importance for inclusion in a code for biocommunicators. In addition, they were asked to rank hierarchically the 15 ethical issue headings in terms of their relevance to the professional roles of biocommunicators (Appendix I). Finally, further suggestions and editing changes were solicited for improving the clarity and applicability of the document's content.

Data Elicited from the Mailing

Twenty-two HeSCA members responded to this second revision cycle mailing. However, one of these respondents failed to perform the rating and ranking tasks. Thus, 21 returns were usable for statistical analysis. A frequency distribution, group mean, and standard deviation were calculated for each rated principle and provision. The group mean was used to estimate a principle's or provision's perceived importance for HeSCA members. The standard deviation served to identify quickly items that had elicited a wide divergence of opinion from among the respondents. The investigator set 85% as a reasonable criterion level for consensus. That is to say, the achievement of group consensus on a particular item's rating was considered attained when 85% of the group's rating scores in the frequency distribution fell within one unit of the group mean. For example, if a provision

attained a group mean rating of 4.12, 85% of the respondents' ratings would need to have been within the range of 3.12 - 5.12 in order for there to be a consensus or group agreement on the item's rating. The respondents' ratings were placed on a 0 - 5 Likert scale therefore 85% of the ratings would need to be a "4" or "5."

The rating data elicited from this second revision mailing are presented in Table 6. Because a few of the respondents neglected to rate all of the items, not all of the frequency distributions total 21. The text for the principles and provisions which are indexed in Table 6 can be found in Appendix H.

A general perusal of the group means presented in Table 6 indicated to the investigator that all of the principles and provisions included in the first revision document had importance (Group means = 3.00+). Furthermore, 23 or nearly one-half of the rated items were deemed as being highly important for inclusion in HeSCA's code of ethics (Group means = 4.00+). Nonetheless, an examination of the calculated standard deviations revealed some wide discrepancies among the ratings. A rating variance greater than one standard deviation was present in 21 of the items. These items, in particular, were closely re-examined during the second revision cycle.

The criterion set for claiming consensus among the respondents was attained by 15 of the items. The direction of this consensus was that these 15 items were highly important (Group means = 4.00+) and should be included in the code. The two principles of veracity and justice attained a consensus for their importance as did also both provisions for "confidentiality" and all three provisions pertaining to "copyright and authorship." In addition, three of the four provisions under "personal integrity," two provisions under "truth and accuracy," two provisions under "self-determination and consent," and one provision under "professional competence" reached the criterion level set for consensus.

Table 6

Frequency Distributions, Group Means, and Standard Deviations for the Ratings Given to the Four Principles and Forty-Five Provisions. (N=21)

Rated Items	No Import.					Extreme Import.		Group Mean	Standard Deviation
	0	1	2	3	4	5	6		
	Frequency Distribution								
Principle of Beneficence	0	0	1	2	9	6		4.11	.83
(Quality of Service)									
Provision 1	0	1	0	3	9	8		4.10	1.00
Provision 2	1	1	0	4	12	3		3.62	1.20
Provision 3	1	0	5	6	7	2		3.14	1.20
Provision 4	1	1	1	5	9	4		3.52	1.29
(Professional Competence)									
Provision 1 *	0	0	0	0	11	9		4.45	.51
Provision 2	0	0	2	3	10	6		3.95	.92
Provision 3	2	0	2	4	8	5		3.48	1.47
Provision 4	2	0	2	2	11	4		3.52	1.44
Provision 5	1	0	0	5	10	5		3.81	1.12
Principle of Autonomy	0	2	0	3	7	8		3.95	1.23
(Propriety)									
Provision 1	1	0	0	4	7	9		4.05	1.20
Provision 2	0	1	1	5	5	8		3.71	1.42

Table 6--continued.

Rated Items	Nb Import.						Extreme Import.	Group Mean	Standard Deviation
	0	1	2	3	4	5			
	Frequency Distribution								
(Self-determination and Consent)									
Provision 1	0	0	1	4	10	6	4.00	.86	
Provision 2 *	0	0	0	3	10	7	4.20	.70	
Provision 3	1	1	0	2	8	8	3.95	1.36	
Provision 4	0	1	0	3	11	6	4.00	.95	
Provision 5 *	0	1	0	1	11	8	4.19	.93	
(Professional Relations)									
Provision 1	0	1	1	2	9	8	4.05	1.07	
Provision 2	0	2	1	3	7	8	3.86	1.28	
Principle of Justice *	0	0	0	3	9	8	4.25	.72	
(Confidentiality)									
Provision 1 *	0	1	0	0	9	11	4.38	.92	
Provision 2 *	0	0	1	1	11	8	4.24	.77	
(Conflict of Interest)									
Provision 1	0	0	1	6	8	6	3.90	.89	
Provision 2	0	0	1	6	10	3	3.75	.79	
Provision 3	0	0	1	5	9	5	3.90	.85	
Provision 4	0	0	0	8	8	5	3.86	.79	

Table 6--continued.

Rated Items	Frequency Distribution						Group Mean	Standard Deviation
	No Import.	0	1	2	3	4		
(Copyright and Authorship)								
Provision 1 *	0	0	0	1	10	10	4.43	.60
Provision 2 *	0	0	1	0	10	10	4.38	.74
Provision 3 *	0	0	0	2	8	11	4.43	.68
(Personal Gain)								
Provision 1	0	2	0	7	9	3	3.52	1.00
Provision 2	2	2	1	6	7	3	3.10	1.51
Provision 3	0	2	3	4	9	3	3.38	1.20
Provision 4	1	2	3	6	5	4	3.14	1.42
(Discrimination in Service)								
Provision 1	0	0	0	4	8	9	4.24	.77
Principle of Veracity *	0	0	0	2	6	11	4.47	.70
(Truth and Accuracy)								
Provision 1 *	0	0	0	2	11	8	4.29	.64
Provision 2 *	0	0	0	2	12	7	4.24	.62
Provision 3	1	0	0	4	10	6	3.90	1.14
Provision 4	1	0	2	3	11	4	3.67	1.20
(Professional Representation)								
Provision 1	1	0	0	3	11	6	3.95	1.12

Table 6--continued.

<u>Rated Items</u>	<u>Nb Import.</u>						<u>Extreme Import.</u>	<u>Group Mean</u>	<u>Standard Deviation</u>
	<u>Frequency Distribution</u>								
	0	1	2	3	4	5			
(Safeguarding the Profession)									
Provision 1	3	0	3	5	7	3	3.05	1.56	
Provision 2	0	0	2	5	9	5	3.81	.93	
Provision 3	2	1	1	5	10	2	3.24	1.41	
(Personal Integrity)									
Provision 1 *	0	0	0	1	8	12	4.52	.60	
Provision 2 *	1	0	1	1	8	10	4.14	1.24	
Provision 3 *	0	0	0	2	9	10	4.38	.67	
Provision 4	0	0	1	6	8	6	3.90	.89	
(Personal Accountability)									
Provision 1	0	0	1	3	6	11	4.29	.90	

Note: * = This item attained the criterion level set for consensus.

Some other observations made by the investigator regarding the ratings given to the principles and provisions included the following:

The provision with the highest group mean (4.52) came under the issue of "personal integrity" and it stated: "The biocommunicator should always deal honestly with clients and colleagues, and conduct oneself in a manner as to maintain or elevate the esteem of the profession." This provision also reflected a strong consensus among the respondents for its importance (i.e., 95% of the ratings were within one unit of the group mean).

The provision where there was the strongest consensus (100%) that it was a highly important code provision (group mean=4.45) addressed the issue of "professional competence" and it stated: "The biocommunicator should always strive to maintain high standards of competence."

The provision with the widest variance of opinion (S.D. = 1.56) as well as the lowest group rating (group mean = 3.05) was within the issue of "safeguarding the profession" and it stated: "The biocommunicator should promptly expose any illegal or unethical conduct detected. This includes reporting to the appropriate reviewing agency instances of gross and/or faulty treatment of clients by fellow colleagues." This provision obviously raised the sensitive issue of "whistleblowing" which, not surprisingly, produced a notable response. The following written comments contributed by some of the respondents suggest the types of reactions elicited by this provision:

Difficult to do in the real world if you want to keep your job.

Those engaged in illegal activities will eventually be discovered without "tattletales."

The system does not support someone who takes these actions.

I think you should first confront the offender to insure that your assessment was correct and seek remedial action. If this fails, you should report it.

Airing dirty laundry should be handled internally.

Self-policing is set forth by most professions but is only as good as practiced by the individual members of the group. It needs to be a basic tenet of the code.

These reactions clearly indicated to the investigator that this potential code provision, as written, was perceived by a significant minority as being unrealistic and threatening and would need to be rewritten or perhaps deleted.

The 15 ethical issue subdivisions included in the framework were ranked in terms of their significance to the biocommunication field. This was achieved by summing the

ranking scores (1-15) given to each of the issue headings by the 21 respondents. The issues were then arranged hierarchically according to their calculated totals. The resulting ranking of issues is displayed in Table 7.

Table 7

The Priority Ranking Given to the Fifteen Issue Subdivisions

<u>Issues</u>	<u>Rank Scores</u>
1. Truth and accuracy	(255 pts.)
2. Personal integrity	(248 pts.)
3. Quality of service	(241 pts.)
4. Professional competence	(238 pts.)
5. Confidentiality	(207 pts.)
6. Personal accountability	(196 pts.)
7. Propriety	(151 pts.)
8. Copyright and authorship	(147 pts.)
9. Professional relations	(146 pts.)
10. Conflict of interest	(141 pts.)
11. Self-determination and consent	(137 pts.)
12. Professional representation	(126 pts.)
13. Discrimination in service	(105 pts.)
14. Safeguarding the profession	(94 pts.)
15. Personal gain	(70 pts.)

Several respondents expressed some frustration with the rating and ranking tasks.

This difficulty was primarily due to the seemingly high importance of all the issues and

their related provisions. As commented by one member, "I find it very difficult to rank these areas. All are crucial to a code of ethics." Another noted that "these all seem very important. It is hard to rate any standards higher or lower than any other." The vagueness of some terms was cited as another factor which contributed to the difficulty of the assigned rating task. Nonetheless, the calculations of the priority of importance among the code document's principles, issues, and provisions provided the investigator with objective data for judging what changes were required to improve the document's organization or to enhance the relevance of its content for biocommunicators. In addition to this statistical data, all contributed comments and suggested edits pertaining to the framework's content were compiled and reviewed by the investigator for consideration during the second revision cycle.

Second Cycle of Revisions

The collected statistical data displayed in Tables 6 and 7, as well as the respondents' written feedback, served to guide the investigator's second revising of the code document. The major modifications made during this second revision cycle are highlighted along with their underlying rationale.

Changes to the foundational principles. The four foundational principles were resequenced in accordance with their respective group mean rating for importance (Table 6). Thus, veracity (4.47) became the first principle, followed by justice (4.25), then beneficence (4.11), and finally autonomy (3.95). There was consensus among the respondents for the high ratings given to the principles of veracity and justice. Veracity was the only one among the four principles that had its descriptive statement altered. The observation was made by one of the respondents that it was a bit wordy and ought to be trimmed. Therefore, the investigator cut the statement of principle to its essence: "This

principle demands the promotion of truth and accuracy and personal integrity in all interactions and communications.”

Changes to the issue headings. No changes were made to the two issue subdivisions that appeared under the principle of beneficence. However, within the other three principles there was a significant amount of restructuring and resequencing.

Under the principle of veracity, "professional representation" and "safeguarding the profession" were merged as a new subdivision heading entitled, "safeguarding professional integrity." Likewise, the issues of "personal integrity" and "personal accountability" were collapsed into one subdivision titled, "personal integrity and accountability." The issue subdivision "truth and accuracy" remained unchanged. Thus, by synthesizing closely related issues within the principle of veracity, the five issue subdivisions were reduced to three headings. These three subdivisions were sequenced hierarchically using the ranking scores in Table 7 as a guideline.

In regard to the five issue subdivisions that appeared under the principle of justice, the issue of "confidentiality" was relocated beneath the principle of autonomy because of its close linkage with the concepts of (a) respecting the privacy and dignity of others and (b) informed consent. In addition, the issue subdivision "personal gain" was retitled "compensation and personal gain" to more closely reflect its included provisions. The four issue subdivisions remaining under the principle of justice also were sequenced hierarchically using the ranking scores.

For the principle of autonomy, besides the relocation of "confidentiality" within this principle's domain, the separate issues of "professional relations" and "propriety" were combined as a new issue subdivision called "respect for others." And, the issue subdivision "self-determination and consent" was recaptured as "self-determination and

informed consent" because the element of being truly informed about what one is agreeing to was cited as being crucial to the issue of self-determination and consent (Singarella and Salladay, 1981). According to the ranking scores displayed in Table 7, the issue of "confidentiality" should have been positioned ahead of the other two issues under autonomy. However, the investigator chose to place "respect for others" first because it conveyed the most fundamental meaning of autonomy. "Self-determination and informed consent" was a broader issue than "confidentiality" so it was sequenced next.

The final outcome of all these modifications was the reduction of the framework's issues from 15 to 12 major subdivisions. These revised 12 issue subdivisions are listed in Table 8 along with the previous document's 15 from which they evolved.

Creation of general ethical standards. Prompted by a HeSCA member's recommendation, the 12 issue headings were converted to major subdivisions for 12 standards. Given these 12 captioned subdivisions for ethical standards, the array of code provisions that had been collated under the first revision document's 15 issue headings were reorganized among the 12 new ethical standard headings. Face validity was used to determine under which particular standard heading a provision would be placed. Next, the content of the code statements compiled under each heading was examined to determine the general topical focus. Following this content analysis, a broad thematic statement which would capture the ethical essence of the set of statements was composed. The example which follows shows the incorporation of the ethical thrust of five code provisions into a general standard for "professional competence."

Always strive to maintain high standards of competence.

Recognize and acknowledge the boundaries of one's competence and the limitations of one's techniques.

Table 8

Comparison of Issue Subdivisions in First and Second Revision Documents

<u>First Revision Document</u>	<u>Second Revision Document</u>
<u>Issue Subdivisions</u>	<u>Issue Subdivisions</u>
1. Quality of service	1. Truth and accuracy
2. Professional competence	2. Personal integrity and accountability
3. Propriety	3. Safeguarding professional integrity
4. Self-determination and consent	4. Copyright and authorship
5. Professional relations	5. Conflict of interest
6. Confidentiality	6. Compensation and personal gain
7. Conflict of interest	7. Discrimination in service
8. Copyright and authorship	8. Quality of service
9. Personal gain	9. Professional competence
10. Discrimination in service	10. Respect for others
11. Truth and accuracy	11. Self-determination & informed consent
12. Professional representation	12. Confidentiality
13. Safeguarding the profession	
14. Personal integrity	
15. Personal accountability	

Maintain knowledge of current professional information related to the services one renders.

Strive to improve one's competence and advance the knowledge and proficiency of one's professional functions through continuing research and education.

Make use of all professional, technical, and administrative resources that serve the best interests of the client. This includes seeking consultation, if possible, whenever the welfare or interest of the client will be advanced by utilizing those who have special skills, knowledge, and experience.

Standard--Professional Competence.

If to be a professional is to possess a certain expertise, then one must appreciate where that expertise begins and ends. The recognition of ability and limits is particularly important among professionals because of their influential control in advancing client interests and because of the client's trust and expectation in the professional's capacity to serve their interests. Failure to maintain professional competence and to openly acknowledge limitations is a misuse of one's professional authority and an abuse of client trust. This reflects upon the entire professional and contributes to the weakening of the profession's credibility and reputation.

In this same manner, a broad thematic statement, providing the rationale for the provisions which would flow from the standard, was composed for each of the other 11 ethical standards (Appendix T).

Changes among the provisions. There was a significant amount of modification among the 45 provisions included in the first revision document. These changes included relocating, deleting, and adding provisions, as well as combining and rewriting provisions. As a result, the previous 45 provisions were reduced to 36. The more significant provision alterations included the following:

Modification and deletion of provisions. The standard deviations calculated for each of the rated provisions (Table 6) helped the investigator to pinpoint provisions that showed a wide variance of ratings in regard to their importance for inclusion within HeSCA's code of ethics. After reviewing written comments directed toward a controversial provision, as well as recalling any verbal critiques made by members in reference to the provision, the investigator judged whether a contested provision should be retained, modified, or deleted.

For illustration purposes, the seven provisions whose ratings showed a standard deviation greater than 1.40 are presented here along with the reasoning behind their retention, modification, or elimination. Each provision is presented first, followed by an explanation of any changes.

- a. The biocommunicator should promptly expose any illegal or unethical conduct detected. This includes reporting to the appropriate reviewing agency instances of gross and/or faulty treatment of clients by fellow colleagues. (S.D. = 1.56)

This provision elicited the lowest mean rating for importance and showed the least amount of consensus among the respondents. Also, a significant minority found it to be too extreme, unrealistic, and threatening. As a result, the investigator dropped this provision from the document. It was this investigator's contention that two other provisions in the document might possibly address this call to "expose" unethical conduct by the manner of action one chose "to refuse to condone the nonprofessional behavior of others," as stated by one provision, or, as stated by the other provision, "to directly and constructively seek resolution when conflicts in professional values are encountered."

- b. The biocommunicator should not accept or tender fees or commissions to others for client referrals, or enter into arrangements for franchising services to others for personal gain. (S.D. = 1.51)

Respondent feedback reflected that the second part of this provision, "or enter into arrangements for franchising services to others for personal gain," was ambiguous and meaningless. Thus, it was deleted and only the first half of the provision was retained.

- c. The biocommunicator should maintain knowledge of current professional information related to the services one renders. (S.D. = 1.47)
- d. The biocommunicator should strive to improve one's competence and advance the knowledge and proficiency of one's professional functions through continuing research and education. (S.D. = 1.44)

The wide disagreement over these two provisions was traced to their perceived redundancy.

Therefore, the first one was deleted and the second one retained because of its fuller composition and its direct reference to continuing education and research.

- e. The biocommunicator should not accept fees, commissions, or other valuable considerations from individuals or organizations for recommending or endorsing equipment, supplies, or services in the course of one's service to clients. (S.D. = 1.42)

Some respondents felt that this provision addressed a legal issue rather than an ethical issue. Also, that such a provision would likely be covered under most organizations' conflict of interest policies. Nonetheless, the investigator decided that the provision had ethical relevance of sufficient importance to be retained in the document unchanged.

- f. The biocommunicator should maintain professional and objective personal conduct between oneself and others and keep one's personal concern within the bounds of one's professional responsibilities. (S.D. = 1.42)

Elements contributing to the lack of consensus on this provision included one respondent saying that such conduct was an obvious expectation of any professional and therefore need not be stated in the code, another cited the provision's ambiguity and questioned its implication that professionals were not allowed to have personal concerns about others, and still another suggested that this provision was covered adequately by a preceding provision included in the code document. The investigator located and examined the preceding provision in the code which was referred to and decided that its emphasis upon common courtesy and good will insufficiently addressed the serious issue of using one's professional position to promote illicit affairs with others. Furthermore, it was the investigator's opinion that the provision should be retained to highlight this as a potential ethical problem in professional-consumer relationships. However, as a minor modification, the word "concern" was replaced with "involvement."

- g. The biocommunicator should promptly sever relations with any organization or individual requiring conduct contrary to the ethical code of professional conduct approved by the association. (S. D. = 1.41)

The respondent feedback suggested that this provision was a too strong and too unrealistic demand. Close physical work facilities as well as political circumstances often make this type of action very difficult, if not impossible. Furthermore, as pointed out by one HeSCA member, maintaining some type of relation with offenders may provide an avenue for eventually changing their behavior for the better. Thus, this provision was removed from the document with the knowledge that another provision remained which directed that members should refuse to cooperate with or condone nonprofessional behavior.

Some other provisions were significantly rewritten to improve their clarity and specificity. An example of such a rewrite follows:

First revision document: The biocommunicator should avoid relationships that may limit one's objectivity or create a conflict of interest.

Second revision document: The biocommunicator should avoid competing engagements in outside business or occupational relationships which could limit objectivity or create a conflict of interest in rendering professional service to his/her client and/or employing institution.

Addition of provisions. Two new provisions were created during this second revision cycle. One of these additions was placed under "quality of service" and read as follows:

Whenever the quality of service may be significantly compromised by constraints imposed by the client or other parties or circumstances, the biocommunicator should inform the client and other involved parties of the dilemma and attempt to negotiate a mutually satisfactory resolution to the matter.

The creation of this new provision was motivated by the concerns expressed by some of the respondents regarding the fact that institutional policies and politics, as well as money and time constraints, sometime impede the delivery of quality service.

Besides the biocommunicator being knowledgeable and observing of copyrights, it was suggested that the professional should seize opportunities to inform and educate others

about this issue so that potential infringement problems might be avoided. Therefore, the following provision was added under the subdivision of "copyright and authorship" :

The biocommunicator should inform users of his/her service of the stipulations and interpretation of copyright law and other laws affecting his/her professional role and encourage compliance.

Relocation and consolidation of provisions. A number of provisions were relocated in the document as a result of the previously described merging and reorganizing of the issue subdivision headings. Also, a significant amount of shifting and consolidating was done among provisions which were closely associated in their meaning or intent. For example, the provision stating that "biocommunicators should accept only professional assignments consistent with one's talent and capacity to provide quality service" was moved from within the "quality of service" subdivision and merged with a closely related provision located under "professional competence." This revised provision more fully addressed an important aspect of professional competence that being the awareness of one's limitations.

The biocommunicator should recognize and acknowledge the boundaries of his/her techniques and should accept professional assignments which are consistent with his/her talent and capacity to provide quality service.

Before leaving this section relative to the second cycle modifications made to the provisions contained in the first revision code document, a final change should be explained. A provision which was located under the issue of "personal integrity" was removed from the body of the framework even though it had received a high rating for importance (4.14). It read as follows:

The biocommunicator should act in accordance with the association's standards and guidelines for professional conduct and uphold the moral and legal standards of the community in which one works.

The investigator viewed this provision as a more general exhortation which should be part of the code's preamble which is described next.

Construction of a preamble. Codes of ethics typically begin with a preamble which commonly includes the nature, purpose, scope, and priorities of the code and often highlight the profession's social values (Cook, 1983/1984; Kipnis, 1983). Therefore, as a final step in this second revision cycle, the investigator composed a brief introduction to the code. In this introduction the investigator highlighted the social and ethical concerns of the biocommunication field, presented a rationale for having a code, introduced its four foundational principles, differentiated the code from legal statutes, and encouraged the Association's members to uphold and apply the code in their professional roles.

The conclusion of this second revision cycle produced the first full draft of HeSCA's code of ethics. This second revision document now included a preamble, four foundational principles, 12 subdivisions of standards, and 36 provisions within these 12 sections.

Data Relative to the Third Revision Cycle

At the request of HeSCA's Board of Director's, this first complete draft of the code which was produced from the second revision cycle was forwarded to a 6-member subcommittee for an interim review and critique. Along with six copies of the document, the investigator included six copies of a one-page rating form (Appendix K). Each subcommittee member, using the 6-point Likert scales included on the form, rated this first draft of the code in terms of its organization, clarity, comprehensiveness, and utility. If any of the four areas were scored less than a "3," the shortcomings were specified and suggestions made for improvement. The subcommittee members also met as a group and discussed their reactions to the code and made recommendations for changes. In order to facilitate the discussants' locating of referenced items, the investigator sequentially numbered each paragraph of the code document. The subcommittee's discussions were audiotaped and the taped comments and critiques were forwarded, along with their

Although not quite reaching the predefined level of group consensus regarding the document's logical coherence, the document's organization was perceived as being its strongest characteristic. The clarity of the code's content received the lowest group rating and elicited the least amount of agreement among the respondents. Three written comments accompanied the ratings which were less than a "3."

The standards at times include justifications or other peripheral information that would be better eliminated or relocated to other parts of the document.

The document is redundant in parts. These are noted in our taped comments.

I would hope this code will be a reiteration of what we already know and practice, and not a new set of guidelines.

Data Elicited from the Audiotaped Discussions

The investigator received two audiotapes which contained approximately 1.5 hours of the subcommittee's deliberations during two meeting sessions. In addition, one of the committee members forwarded a typed copy of her critique, and another returned the document with his suggested changes marked directly on the copy. As the investigator listened to the taped commentary, notations were made directly on a master copy of the document as its particular elements were discussed. The subcommittee, for the most part, conducted the document's review in an organized manner, beginning with an analysis of the preamble, then addressing each of the principles and standards in their listed sequence. The majority of their recommendations were quite specific in nature, such as: "In paragraph 37, I would like to see the words 'only those' placed in front of 'professional assignments.'" However, their critiques also focused upon general aspects of the code as illustrated by this member's reaction to the code's organization:

Most codes are organized around duties rather than around principles as this one is. The danger in this method is that the principles may not be the best or be exhaustive. I recognize the diversity of the membership of HeSCA and the problems this must have presented in putting the code together. I

think that this diversity is probably an argument for organizing the code in the manner that it was.

The constructive feedback received from this HeSCA subcommittee provided a rich data base for the investigator's consideration as he proceeded with the third revision.

Third Cycle of Revisions

The presentation of the more significant changes made in this document during this third revision will be organized under the subheadings of the preamble, the principles, the standards and provisions. In order to more clearly depict the third cycle of revisions made to the code document's content, brackets are used to indicate [deleted content] and underlines are used to represent added content.

The preamble

The respondent feedback in this third revision cycle called for some major modifications to the first draft of the code's preamble. To facilitate the explanation for the needed changes, each of the initial preamble's six paragraphs will be discussed separately.

First paragraph. In regard to the clear articulation of HeSCA's ultimate professional service role, one of the HeSCA subcommittee members made the following observation:

Fundamental, we believe, is that the biocommunicator's first allegiance is to improve the quality of health care for the patient, and this might be done through education and training of the many health care students and professionals who are, or will be, working in the health care field. Additionally, public information and community service also play roles. This should be clearly stated in the preamble as an underlying philosophical position.

Therefore, in direct response to this expressed concern, the investigator deleted the first three sentences in the first paragraph and replaced them with the underlined text.

[Professionalism entails accountability. It is primarily the client to whom the biocommunicator is responsible. Linked to this responsibility to the client is the basic commitment of the profession to accurate communication.]
As an associate of the health care team, the biocommunicator shares a basic commitment to the improvement of health care delivery to the public. This

allegiance to the public's welfare is portrayed by providing the specialized support needed for enhancing the education and training of health care students and professionals and for creating and disseminating public health information. Biocommunicators, therefore, assume an ethical obligation to offer communication and technology services which not only meet the needs of a client population, but do so in a manner consistent with high ideals and principles.

Second paragraph. The first sentence of the three sentences which were deleted from the previous paragraph was added as the introductory sentence to the second paragraph. No further alterations were made to this paragraph.

Professionalism entails accountability. Professional ethics are the responsibility of each individual operating within the health care field. Biocommunication professionals cannot shift the burden of ethical responsibility for their own professionalism to other segments of the health care team. Thus, HeSCA's Code of Ethics becomes an important standard of professional accountability for the biocommunicator in his/her relationship with clients, colleagues, members of allied professions, and the public.

Third paragraph. Two major changes were made to this paragraph. First, in the second to last sentence a few words were added by the investigator to increase the statement's specificity. Second, the last sentence in the third paragraph was entirely deleted because the subcommittee did not feel that it was necessary to include a specific reference to the "golden rule."

The Code is founded on four fundamental ethical principles: veracity, justice, beneficence, and autonomy. From these universal principles of ethical behavior flow the standards and ideals which serve to guide the professional conduct of HeSCA members. While the basic obligation to follow these fundamental ethical principles is constant, their fulfillment may vary with the changing needs of the society that the profession is dedicated to serve. Since it is virtually impossible to anticipate in the Code every type of situation that may be encountered in professional practice, the spirit of these ethical ideals should be the ultimate consideration for the ethical guidance of HeSCA members. [This spirit has been summarized for all time in the golden rule to "do unto others as you would have them do unto you."]

Fourth paragraph. The subcommittee suggested that this paragraph be rewritten to stress more clearly that biocommunication departments should use this code as a general guideline for formulating their policies and procedures within their particular work

situations. Therefore, this paragraph was rewritten as follows and merged with the preceding third paragraph.

[Each HeSCA specialty is] Furthermore, biocommunication departments are encouraged to use the Code as an ethical framework to [adopt] formulate additional provisions or [interpretations, as well as formulate more specific policy statements,] policy statements that more specifically address their working environment, so long as they remain in accordance with and not in conflict with the spirit and intent of the Code's fundamental principles and professional standards.

Fifth paragraph. The subcommittee advised that a brief concluding statement be written at the end of the code. The investigator felt that the content of the entire fifth paragraph would be an appropriate concluding statement for the code. Therefore, this paragraph was removed from the preamble and was relocated at the end of the code with only one minor edit.

[The Code's] These principles and standards presented in this Code are not laws but behavior of HeSCA members. The requirements of the Code may often exceed, but are never less than those of the law. Every HeSCA member has a personal obligation to support and follow the Code, recognizing that the greatest penalty possible for its violation is the loss of respect of professional colleagues and the trust of employees, clients, and society.

Sixth paragraph. No changes were recommended for this paragraph's content or its location in the preamble.

Therefore, recognizing that a position of trust imposes ethical obligations upon biocommunicators, the members of HeSCA hereby establish and promulgate the following principles and standards of professional conduct and resolve to be guided by them as embodiments of the ethical ideals of the Association.

Thus, as a result of these revisions, the preamble was reduced from six paragraphs and 431 words to four paragraphs and 362 words.

The principles

The subcommittee's review did not result in any recommendations for change in regard to the wording or the ordering of the code's four foundational principles.

The standards and provisions

The bulk of the subcommittee's recommendations were directed toward the code's 12 subdivisions of standards and their respective provisions. There were no specific changes recommended by the respondents for the general standards or the specific provisions prescribed under "safeguarding professional integrity," copyright and authorship," and "confidentiality." However, there were offered a number of suggestions for improving some of the content in the other standards and provisions. The major modifications which ensued from these recommendations are discussed under the specific ethical standard subdivisions where the revisions occurred. Again, when illustrating the editing of a particular standard or provision, brackets denote deleted content, and underlines indicate added content.

Standard 1: Truth and Accuracy. In order to increase succinctness, the concluding phrase was dropped from the second provision in this subdivision. Thus, the revised provision more simply and directly stated as follows:

The biocommunicator should strive to accurately and honestly represent the views and interests of the client [and should recognize that his/her personal values may affect the selection and presentation of information].

Standard 2: Personal Integrity and Accountability. The descriptive statement for this standard was shortened by dropping its second sentence.

An agreement to be truthful is particularly critical in establishing and maintaining meaningful professional relationships based upon a foundation of mutual trust. [Whenever communication is eroded by lying or dishonesty, that basis of trust is destroyed and a credible professional relationship becomes impossible.]

Standard 5: Conflict of Interest. For succinctness, the first two sentences of this standard's descriptive statement were dropped and the remaining portion slightly edited.

[Acceptance of employment in an institution implies a general agreement and loyalty to the mission and policies of that institution. An obligation of fidelity to the client's interests is also present.]

[Thereby, a] A professional responsibility exists both to the individual(s) to whom one is providing a service and to the institution within which the service is performed. This can occasionally produce situations involving competing interests in which case the professional has [a special] an obligation to [ensure that] safeguard the client's interests [are not subordinated by his/her] one's own selfish interests or [to]those of the employing institution.

Standard 6: Compensation and Personal Gain. The descriptive statement for this standard was dramatically cut, retaining only its last sentence which seemed to sufficiently capture the essence of the provisions falling within this subdivision.

[Excessive and unjustly applied fees abuse the professional relationship and discourage the public from utilizing the services of the profession in the future. On the other hand, adequate compensation is necessary in order to enable the profession to serve clients effectively and to preserve the integrity and independence of the profession.]

The professional should not take unfair advantage of position and/or association for private personal gain or promoting selfish interests.

Also, the phrase, "whenever feasible" was dropped in the first provision as it was considered to be too much latitude for personal interpretation.

When setting fees, the biocommunicator should ensure that they are fairly applied and commensurate with the service performed and [, whenever feasible,] should agree with the client in advance on the fee or fee basis.

Standard 7: Discrimination in Service. In the provision listed under this standard, the word "behavior" was substituted for "service" so as to broaden the scope of this directive.

The biocommunicator should adhere to nondiscriminatory and nonprejudicial [service] behavior in every employment situation and endeavor to promote its practice in others.

Also, in response to a subcommittee member's expressed concern about the issue of favoritism in the work place, an additional provision was written.

The biocommunicator should not allow personal relations to compromise in any way the proper execution of his/her professional responsibilities and duties.

Standard 8: Quality of Service. The first portion of the descriptive statement for this standard was edited for increased directness.

[The professional] ~~It is [always expected to render his/her best service in order] expected that the best possible service will be rendered to~~ advance the client's interest quite apart from the amount of the reward.

To acknowledge a respondent's observation that unreasonable client demands sometime impede the timely delivery of services, the word "reasonable" was added to the first provision listed under this standard.

The biocommunicator should deliver quality service, in a competent and timely manner, within the reasonable bounds of circumstances presented by the client.

Another provision listed under this standard was deleted because of a perceived redundancy with the preceding provision. A second reason for its elimination was the subcommittee's concern about the statement's implied subjectivity as to what meets and what does not meet "professional standards" of quality.

[The biocommunicator should not knowingly condone the delivery of services or products which do not meet professional standards of quality.]

Standard 9: Professional Competence. The descriptive statement for this standard was edited for improved succinctness by deleting the first sentence as well as the final two sentences.

[If to be a professional is to possess a certain expertise, then one must appreciate where that expertise begins and ends.]

The recognition of ability and limits is particularly important among professionals because of their influential control in advancing client interests, and because of the client's trust and expectation in the professional's capacity to serve their interests.

[Failure to maintain professional competence and to openly acknowledge limitations is a misuse of one's professional authority and an abuse of

client trust. This reflects upon the entire professional and contributes to the weakening of the profession's credibility and reputation.]

The provision, "the biocommunicator should always strive to maintain high standards of competence," was deleted because members of the subcommittee felt that this directive was a given understanding and need not be stated. Furthermore, this provision seemed to be addressed adequately in another provision which stated:

The biocommunicator should strive to improve his/her competence and advance the knowledge and proficiency of his/her professional functions through continuing education and training.

Another provision listed under this standard was significantly rewritten for parsimony and to acknowledge that biocommunicators, such as medical illustrators and writers, at times provide expert testimony.

The biocommunicator should recognize and acknowledge the boundaries of his/her [competence and limitations of his/her techniques, and] competency and, thereby, should accept only those professional assignments which are consistent with his/her talent and capacity to [provide] deliver quality service or to provide expert testimony.

Standard 10: Respect for Others. This standard's heading was retitled as "Propriety and Respecting the Rights of Others" to better capture the ethical essence of the provisions within this standard. Also, the descriptive statement for this standard was reworded slightly to encourage the attitude of consistent good will and to broaden the standard's intended target audience to everyone, not just the professional.

[The professional] One should always endeavor to treat others with respect, courtesy, fairness, and [good faith] consistent good will.

The subcommittee pointed out that biocommunicators need not only respect the rights and dignity of people with whom they interact, but also should give due regard to the handling of research animals, cadavers, and human body parts when encountered in the execution of a work assignment. As a result, they felt that the word "others" which

appeared in the first provision under this standard needed to be clarified. Therefore, the provision was rewritten to increase its specificity.

The biocommunicator should always endeavor to respect the rights and interests of [others, and to respond to those seeking professional assistance with impartial courtesy and consistent good will] his/her co-workers and clients and other third parties involved in the delivery of professional services. This also includes the rights of patients, the dignity of the deceased, and the welfare of animals.

A second provision within this standard's domain was rewritten to highlight more directly "sexual harassment" as the behavior which is not to be condoned.

The biocommunicator should [maintain professional and objective personal conduct between oneself and others and keep one's personal involvement within the bounds of one's professional responsibilities] not engage in or condone the sexual harassment of others.

Finally, at the suggestion of the subcommittee, a fourth provision was included under this standard to acknowledge that the safety of others in the work setting should be an ethical concern of biocommunicators.

The biocommunicator should strive to ensure the protection and safety of all involved parties during the executing of his/her professional duties.

Standard 11: Self-determination and Informed Consent. The descriptive statement for this standard was edited to broaden the scope of the statement's target audience.

[Clients and/or patients with] Those of whom the professional's services affects have a legitimate right to be informed of their situations and to assist, up to the limits of their competence, in the selection of services to be rendered.

One provision under this standard was rewritten slightly to include the protection of minors' "rights" as well as their interests.

When working with minors or other persons who are unable to give voluntary, informed consent, the biocommunicator should take special care to protect these persons' rights and promote their best interests.

This modified provision was merged with another provision in which the topic of informed consent was addressed.

The conclusion of this third revision cycle resulted in a more condensed document that now included a 362 word preamble, four statements of its foundational principles, 12 general ethical standards, and 35 provisions listed within the 12 subdivisions of standards. The third revision document was submitted to a fourth and final revision cycle prior to its presentation to HeSCA for ratification.

Data Relative to the Fourth Revision Cycle

The fifth research question was as follows: How will the quality of HeSCA's developed code document be assessed? In answer, the third revision document and an accompanying rating form were mailed to 56 HeSCA members (Table 3) for a final assessment of its present state of completion. Using the same rating form as was employed in the previous cycle (Appendix K), these 56 members were to rate the code's current organization, clarity, comprehensiveness, and utility and also contribute further suggestions for the code's improvement. The investigator received 25 completed rating forms. Shown in Table 10 are the frequency distribution, group mean, and standard deviation calculated for each of the code's four rated characteristics.

Consensus was reached among the 25 respondents that the third revision document's organization was logically coherent (92%), that the ethical guidelines were sufficiently comprehensive (88%), and that the code of ethics would be a useful resource for the Association (92%). Although close (i.e., only 80% of the ratings were within one unit of the group mean), there remained a lack of consensus among the respondents on the clarity of some of the document's content.

Five rating scores among the frequency distributions were less than "3." One individual accounted for the four "1" ratings given to each of the evaluated characteristics. Regrettably, this person did not explain the reasons for these low ratings. The one person

Table 10

Twenty-five HeSCA Members' Ratings of the Third Revision Document

<u>Rated Characteristic</u>	Strongly Disagree					Strongly Agree					<u>Group Mean</u>	<u>Standard Deviation</u>	
	0	1	2	3	4	5	6	7	8	9			10
1. Organization is logically coherent.	0	1	0	1	11	12						4.32	.90
2. Content is clearly stated and understandable.	0	1	0	4	12	8						4.06	.92
3. Content is sufficiently comprehensive in scope.	0	1	1	1	8	14						4.32	1.03
4. This code of ethics will be a useful resource.	0	1	0	1	9	14						4.40	.91

who rated the code's comprehensiveness as a "2" wrote that the code should include a provision in which the biocommunicator's responsibility to the "client's client" was addressed. That is to say, if a biocommunicator was hired by a department of surgery to help produce a patient education videotape, what is the biocommunicator's ethical obligation to the patient audience toward which the program's content is aimed? In the investigator's judgment, this type of situation was addressed adequately by provisions under the code's first ethical standard of truth and accuracy.

Data Elicited from the Mailing

A general comment or a specific recommendation regarding the code document was contributed by 13 of the 25 respondents. The general comments made were positive expressions about the document's overall quality and appreciation for its creation. The specific recommendations did not require any substantial modification of the code document.

Identified typos, misspellings, grammatical errors, and minor additions or deletions comprised the majority of suggested changes. The significant alterations made to the code's content are described in the section that follows.

Fourth Cycle of Revisions

Three paragraphs of the code's preamble were modified. The second sentence of the first paragraph had the word "educational" added to acknowledge that the biocommunicator's role included "creating and disseminating both educational and public health information." A respondent noted that the individual was the ultimate source of accountability. Thus, in the last sentence of the second paragraph, the word "source" was deleted from the phrasing that "HeSCA's Code of Ethics becomes an important [source and] standard of professional accountability." Finally, to more closely relate the code to individuals and not institutions, the last sentence of the third paragraph included the rewording that "biocommunicators [biocommunication departments] are encouraged to use the Code. "

Another respondent pointed out that making judgments on appearances was too subjective and raised the risk of an unfounded accusation. Therefore, a recommendation was made that a deletion be made in the second sentence of the first provision under Standard 3: Safeguarding Professional Integrity.

The biocommunicator should not be [or even seem to be] subject to influences, interests, or relationships which conflict with the best interests of the profession.

A provision which advocated work safety was moved from under Standard 10: Propriety and Respecting the Rights of Others and relocated under Standard 8: Quality of Service. This change resulted from a HeSCA member's view that ensuring the safety of others when executing professional duties was more appropriately characteristic of the quality of service provided by the professional.

Another respondent expressed some concern about the descriptive statement written for Standard 11: Self-determination and Informed Consent. The suggestion was made that this standard's statement needed to be reworded to convey the more general notion that parties affected by the professional's services have a right to participate in decision-making rather than only assist in the selection of services. As a result, the descriptive statement for the standard was rewritten as follows:

Those [of whom] who may be affected by the professional's services [affects] have a legitimate right to be informed of their situations and to [assist] participate, up to the limit of their [competence] competencies, in the [selection of services to be rendered] decision-making process.

This fourth revision cycle produced the code's final modifications prior to its presentation at the 1987 HeSCA National Conference. These modifications were generally "fine tuning" and "final polishing" in nature. Nonetheless, the investigator recognized that the resulting code document remained imperfect but was composed sufficiently to be a workable document. Once the code was implemented by the Association, a careful monitoring of its application undoubtedly would call for further revisions.

How will HeSCA's code of ethics be structured? This was the sixth research question posed in this study. The fourth revision document included a preamble; four foundational principles; 12 subdivisions of standards, each with an accompanying rationale statement; and 35 provisions distributed among the 12 subdivisions of standards. The resulting organizational structure for these components is shown in Table 11. The completed code (Appendix N) was formatted and printed in a more stylized manner and forwarded to the HeSCA Board of Directors. The Board approved this final version without any additions or corrections. At the 1987 HeSCA National Conference in Norfolk, Virginia, the code document was approved by the Delegate Forum on May 24th, 1987. On May 25th, the document was

presented at the annual business meeting of the Association whereupon the code of ethics was officially ratified by the HeSCA membership.

Table 11

The Hierarchical Structuring of the Final Version of HeSCA's Code of Ethics

(Preamble)											
<u>P1</u>			<u>P2</u>				<u>P3</u>		<u>P4</u>		
<u>S1</u>	<u>S2</u>	<u>S3</u>	<u>S4</u>	<u>S5</u>	<u>S6</u>	<u>S7</u>	<u>S8</u>	<u>S9</u>	<u>S10</u>	<u>S11</u>	<u>S12</u>
p1	p1	p1	p1	p1	p1	p1	p1	p1	p1	p1	p1
p2	p2	p2	p2	p2	p2	p2	p2	p2	p2	p2	p2
p3	p3	p3	p3	p3	p3	p3	p3	p3	p3	p3	p3
			p4				p4				
(Concluding Statement)											

Note: P = Statement of Principle S = Statement of Standard p = Statement of Provision

Summary

This chapter began with a description of the formulation of an initial conceptual framework for HeSCA's code of ethics. This initial framework consisted of four major moral principles, 20 ethical issues relevant to biocommunicators, and 69 explicit provisions for guiding professional conduct. The data base used by the investigator in the development of the

frame work consisted of (a) a review of literature pertaining to ethical issues relevant to biocommunicators, (b) the results of a 1983 HeSCA ethics survey, (c) informal interviews with biocommunicators, and (d) the perusal of codes of ethics from other professional organizations. The body of this chapter focused on the revision process by which this initial framework for a code gradually evolved into the completed HeSCA code of ethics. Each one of the four revision cycles was described in terms of (a) the type of data collected, (b) the sources from which the data were derived, and (c) the revisions which resulted from the collected data. A total of 59 HeSCA members participated in one or more revision cycles. The investigator carefully reviewed all of the feedback contributed by these 59 individuals and judiciously incorporated their input during the code's development. This close working collaboration between the investigator as code writer and the HeSCA members as contributors and critics ultimately produced a 6-page professional code of ethics for HeSCA which included a preamble to state the professional ideology of the Association, four major principles to serve as the moral underpinning for the code, 12 ethical standards to articulate general ethical guidelines for significant professional issues, and 35 codified provisions to offer explicit rule for professional conduct.

CHAPTER 5
SUMMARY, FINDINGS, AND RECOMMENDATIONS

The purpose of this study was to develop a concept of ethical behavior as expressed in a code of ethics for a professional association of health science communicators (HeSCA). Specifically, answers were sought to the following questions:

1. What fundamental principles should underlie the professional behavior of HeSCA members?
2. What kinds of ethical issues arise in the professional roles of HeSCA members?
3. How will the provisions for HeSCA's code of ethics be derived?
4. How will constructive feedback be derived from the HeSCA membership and be incorporated into the code?
5. How will the quality of HeSCA's developed code document be assessed?
6. How will HeSCA's code of ethics be structured?

The rationale for undertaking this study was the perceived lack of a set of unifying ethical guidelines for the biocommunication field. The HeSCA membership felt that the development of a professional code of ethics was essential for enhancing the professional identity and unity of the Association, as well as to promote the recognition of the trust and social responsibility inherent to the power and privilege of mass communication.

The study began with a literature review which traced the ancient origins of morality, the rise of professions, and the emergence of the concept of professionalism. The literature review also included the examination of some early predecessors to codes of professional ethics, the function of codes of ethics in the professions, and some important considerations

when composing a code of ethics. Finally, from this review a set of fundamental principles to serve as a philosophical underpinning for a code of ethics was produced. These principles provided the cornerstones for a foundational framework in the creation of a professional code of ethics for the Health Sciences Communications Association.

Once a set of principles was found that provided a satisfactory basis for the code, the development of an initial conceptual framework was begun. An initial framework for the code was created by first identifying the ethical issues that typically are confronted by biocommunication professionals. Categories of ethical issues were derived from (a) a review of biocommunication literature, (b) the findings of a 1983 HeSCA ethics survey, and (c) personal interviews with biocommunication specialists. Next, a wide array of codes of ethics from other professional organizations was examined. Code provisions, which seemed to address any of the issue categories, were extracted and classified under the most appropriate issue heading. Finally, each issue category and its associated code provisions were arranged under the most closely related fundamental principle. Thus, an initial framework composed of hierarchically arranged principles, issues, and provisions provided a substantive beginning document for HeSCA members to modify and expand.

The investigator used the feedback from HeSCA members as the primary aid in guiding his editing decisions during the development of the code. This HeSCA feedback was provided through four major revision cycles during which the document was submitted to different samples of the HeSCA membership. The first revision cycle solicited member input regarding the completeness and appropriateness of the initial code document. This input was collected from a mailed response form that was completed by 22 HeSCA members and from input contributed by 21 members who participated in a one-half day workshop conducted at a HeSCA conference. The second revision cycle established the priority of importance for the content of the revised document which emerged from the previous cycle.

The data collected in this second revision cycle was derived from rating and ranking tasks completed by 22 HeSCA members. The HeSCA Board of Directors requested that this second revision be forwarded to them for review. The responses received from a 6-member subcommittee, appointed by the Board to evaluate the code document, served as the third revision cycle. The fourth and last revision cycle consisted of mailing the third revision of the code document with an accompanying rating form to 56 HeSCA members and delegates. They were asked to evaluate the latest revision, particularly in respect to the document's organization, clarity, comprehensiveness, and utility. The feedback received from 25 respondents produced the final revision of the code document which was presented at the HeSCA National Conference for ratification.

Findings

The six questions listed at the beginning of this chapter were to be investigated during the code development process. In answer to the first question, four fundamental ethical principles were derived through a review of the literature as described in Chapter 2. Question two was addressed through the issues and problems identified in a 1983 HeSCA ethics survey, interviews conducted by the investigator, review of relevant literature, and responses elicited during the first revision cycle. Data to answer question three were derived from a systematic review of the literature and an array of written professional codes, as well as from member input elicited in the four revision cycles. Question four was answered through a statistical analysis of the ratings and rankings that were collected in the second revision cycle. The fifth question was addressed through a statistical analysis of the ratings produced in the fourth revision cycle. To answer the sixth question, collective input and constructive feedback was sought from a broadly based composite of the HeSCA membership through four mailings and a workshop. This feedback was judiciously

incorporated during the conceptualizing and the construction of the code. In the sections that follow the findings relative to each of these questions are presented.

Question 1: What Fundamental Principles Should Underlie the Professional Behavior of HeSCA Members?

From the review of literature which was presented in Chapter 2 four basic principles of morality which offered a potential foundational underpinning for HeSCA's code of ethics were identified. These four principles were titled veracity, justice, beneficence, and autonomy. Their definitions gradually evolved as the code document went through a succession of four revision cycles and culminated as the following:

Veracity--This principle demands the promotion of truthfulness and accuracy and personal integrity in all interactions and communications.

Justice--This principle demands both fairness and "what is deserved". It requires that one treat others in a fair and impartial manner and give what is due or owed, or what can be legitimately claimed.

Beneficence--In its most general form, this principle requires one to abstain from injuring others and to help others further their important and legitimate interests, including the prevention or removal of possible harms. Benevolent service is the "sine qua non" of the professional relationship.

Autonomy--This principle demands the general respect for human dignity and the uniqueness of others. It requires that one respect persons as unconditionally worthy agents who have a right to self-determination as long as the resulting actions do no harm to others.

Thus, these four fundamental principles became the "cornerstones" for HeSCA's code of ethics. They were presented in the code in this hierarchical order which corresponded to a priority rating score each received from a sample of HeSCA members (Table 6). There was a particularly strong consensus among this group of respondents that veracity and justice should occupy the first and second positions respectively within the code.

Question 2: What Kinds of Ethical Issues Arise in the Professional Roles of HeSCA Members?

A myriad of ethical issues relative to the professional activities of biocommunicators was uncovered by the investigator through (a) a personal review of biocommunication literature, (b) personal interviews with biocommunicators, (c) results of a 1983 HeSCA ethics survey, (d) situations elicited from HeSCA members who responded to the first revision cycle questionnaire, and (e) anecdotal data derived from HeSCA members who participated in the ethics workshop. A review of the array of work-related ethical dilemmas encountered by members of the biocommunication field produced an initial set of 20 categories of ethical issues to be addressed by the code of ethics. At the conclusion of four revision cycles, this initial classification of 20 issues was condensed into 12 issue categories. These 12 distinct categories of issues ultimately served to subdivide the code into 12 major sections of ethical standards that were related to the representative issues. Shown in Table 12 are the 20 ethical issue categories which were initially identified and the 12 issue subdivisions which subsequently evolved from these. The issues are listed under their associated principles as they were originally, then finally, organized.

Question 3: How will the provisions for HeSCA's code of ethics be derived?

The investigator examined numerous professional codes of ethics (Gorlin, 1986) and extracted those provisions which had bearing to any of the 20 ethical issues identified as being relevant to biocommunicators. The compiled provisions were reviewed and redundancies eliminated. The remaining code provisions were rewritten, if needed, to increase their relevancy to the biocommunication profession, then were sorted under the most logically relevant issue. Thus, the statement "credit must be given to whomever credit is due" was categorized under the ethical issue of "authorship" which in turn would be classified within the fundamental principle of "justice." This synthesis of compiled

provisions resulted in a final list of 69 provisions. This collection of potential provisions for guiding the ethical conduct of biocommunicators was further synthesized as the code document evolved through the four revision cycles. A final set of 35 provisions emerged from the last revision cycle, with each provision logically flowing from one of the 12 ethical standards articulated in the code.

Table 12

A Comparison of the Initial and Final Set of Ethical Issue Categories

Initial Set of Twenty Issues

Veracity

Truth and accuracy
 Promise keeping
 Professional representation
 Safeguarding the profession
 Personal integrity
 Personal accountability

Justice

Confidentiality
 Fees
 Conflict of interest
 Authorship
 Copyright
 Personal gain
 Discrimination in service

Beneficence

Quality of service
 Professional competence
 Consultation and referral

Autonomy

Propriety
 Client self-determination
 Informed consent
 Professional relations

Final Set of Twelve Issues

Veracity

Truth and Accuracy
 Personal Integrity and Accountability
 Safeguarding Professional Integrity

Justice

Copyright and Authorship
 Conflict of Interest
 Compensation and Personal Gain
 Discrimination in Service

Beneficence

Quality of Service
 Professional competence

Autonomy

Propriety & Respect Rights of Others
 Self-determination & Informed Consent
 Confidentiality

Question 4: How Will Constructive Feedback Be Derived From the HeSCA Membership and Be Incorporated Into the Code?

Once an initial code document was composed by the investigator, it was submitted in four revision cycles to different samples of the HeSCA membership for their perusal and reaction. Their feedback served to guide the investigator's decisions as to what further modifications were needed. The sources of membership input in each revision cycle, along with the number of members who contributed input at each source point were as follows:

1. First revision cycle--members who responded to first mailing (N = 22).
2. First revision cycle--members who participated in ethics workshop (N = 21).
3. Second revision cycle--members who responded to second mailing (N = 22).
4. Third revision cycle--members who participated in subcommittee review (N = 6).
5. Fourth revision cycle--members who responded to third mailing (N = 25).

These four revision cycles produced 96 individual responses. However, some of these members were respondents in more than one revision cycle. Consequently, a total sample of 59 HeSCA members contributed constructive feedback at some stage of the code's development. This total sample of 59, representing about 10% of the entire HeSCA membership, was national in scope and was reasonably representative of HeSCA members' professional work roles.

The methodological design used to develop this code of ethics was both pragmatic and productive. Given the time constraint and the national distribution of the membership, the solicitation of constructive input through a systematic and widespread correspondence with samples of the HeSCA membership resulted in the creation of a 6-page code document which was unanimously approved by the Association.

Question 5: How Will the Quality of HeSCA's Developed Code Document Be Assessed?

Based upon criteria defined by Chalk, Frankel, and Chafer (1980), the investigator designed a one-page rating form (Appendix K) that listed four code characteristics (i.e., organization, clarity, comprehensiveness, utility) to be scored on a 6-point Likert scale. This form was pilot tested with six members of a subcommittee of HeSCA's Board of Directors as they reviewed the second revision code document. Results did not indicate that any changes were required in the form. Therefore, it was used to obtain an estimate of the quality of the developed code document.

A sample of 25 HeSCA members completed this rating form as part of their review of the third revision document. A frequency distribution, group mean, and standard deviation were calculated for the rating scores given to each characteristic. Any characteristic which had a group mean score greater than 4.00 was judged by the investigator to have been perceived by the respondents to be at an acceptable level of quality. Furthermore, if at least 85% of the respondents' ratings were within one unit of the group mean, the investigator deemed that consensus was attained on the group's rating of the characteristic.

The ratings given by the 25 respondents in the fourth revision cycle revealed that all four characteristics received a group rating greater than 4.00 (albeit "clarity" was marginal). Also, consensus was reached regarding the acceptable quality on three of the four characteristics. There remained some disagreement over the clarity of some of the code's content. Only 80% of the respondents' ratings fell within one unit of the calculated group mean for this characteristic. However, by incorporating the editing changes that were suggested during the fourth and final revision cycle, the investigator was confident that this relatively small margin of disagreement would be resolved. Thereby, the document would be at an acceptable level of quality to be presented to the HeSCA

membership for ratification.

Question 6: How Will HeSCA's Code of Ethics Be Structured?

As a result of the literature review and the perusal of a wide array of professional codes, the investigator determined that HeSCA's code ought to have a hierarchical ordering of its ethical principles, standards, and provisions. Also, each standard subsection should commence with a brief rationale statement to justify its encompassed ethical provisions. In addition, the code should have an opening preamble to convey the basic purpose and priorities of the code, and a closing statement as well. Finally, the code's provisions should be reasonably succinct, have a generally positive tone, and be of sufficient number to adequately cover the issues, but not so numerous as to impede recall. The final version of the code was six pages in length and included a preamble, four defined foundational principles, 12 subdivisions of standards, 35 provisions, and a concluding statement. A schematic of the completed code's hierarchical structure was shown in Table 11.

The successful development and ratification of the code of ethics can be attributed to three significant factors: (a) the grounding of the code's ideology upon recognized fundamental principles of ethical conduct in all human relations, (b) the basing of the code's guiding provisions upon ethical issues that arise in the professional roles of biocommunicators, and (c) the soliciting and the incorporating of feedback from a reasonably proportionate and representative sampling of the HeSCA membership.

It is recognized by the investigator that, although attaining a successful conclusion, the method employed to develop HeSCA's code was not necessarily the only way to approach the problem. It is further acknowledged that the produced code of ethics is not a final and finished document; rather, it is a substantive working document that will be further changed as the code is implemented within the Association. Both of these points will be discussed in detail in the recommendations section which follows.

Recommendations

The Delphi technique (Linstone & Turoff, 1975; Rasp, 1974; Weaver, 1971) should be given consideration as a potential strategy for code development. Use of this technique involves structured correspondence for organizing and sharing opinions and gaining consensus. It has been used successfully as an organizational planning tool for eliciting priorities of personal values and social goals (Linstone & Turoff, 1975). Typically, this method includes sequential rounds of structured inquires on a topic interspersed with group opinion feedback computed from each previous round. This sharing of the group's collective opinion gives all the members an opportunity to reevaluate their respective positions based upon the examination of the group response. This polling and feedback procedure offers a potent means for examining the issues and working toward consensus on a complex problem where the respondents have varying backgrounds of experience and expertise (Linstone & Turoff, 1975).

Two critical elements inherent to the successful application of the Delphi technique are (a) the careful selection of a representative and adequate size Delphi panel whose members are committed to participate in all of the polling rounds and (b) having the time and the resources to properly manage this technique. A common reason for this technique's failure is "underestimating the demanding nature of a Delphi" (Linstone & Turoff, 1975, p. 6). The time constraint imposed by HeSCA, as well as the difficulty in assembling an adequate panel to contribute consistently in a multiple round Delphi, prevented the use of this technique for this study.

As was suggested earlier in this chapter, the developed HeSCA code of ethics should represent a beginning point rather than a finished product. That is to say, the code should not become merely a framed proclamation of ethical intent for public display and

professional "window dressing." Instead, the code should be institutionalized as a working document that the Association members are aware of, comprehend, and to which they are committed to apply in their professional activities. Therefore, the remainder of this chapter will focus on recommendations for the implementation of the developed code of ethics.

Once a code of ethics is published, efforts to institutionalize its precepts are too often neglected. This was the conclusion of a survey (Center for Business Ethics, 1986) of the Fortune 500 industrial and service companies. "Codes of ethics are increasing, but it seems clear that the communication of them to employees is not sufficient in most companies--a lack which surely diminishes their effectiveness, if not also their fairness" (p. 86). From an earlier study (Landis, 1927) of more than 200 professional and business organizations it was concluded that professional conduct was an educational problem:

It appears that the officers of these professional organizations which have been studied regard the securing of observance and enforcement of a code of ethics as an "educational job." The code when properly drawn becomes an educational agent, and only when the majority of the members of a group discuss and observe it can it be enforced. (p. 99)

Therefore, the understanding of the code and the voluntary compliance with the code should be promoted through widespread publication and education.

A contingent of HeSCA members was involved in the code development process; nonetheless, an effort should be made to get the code document into the hands of every HeSCA member and to initiate a comprehensive educational program that is targeted on professionalism and the HeSCA code of ethics. Some possible activities for heightening ethical awareness among the members include (a) the publication of the code and related articles on professional ethics in the Association's professional journal, (b) national and regional workshops and forums that help clarify and interpret the code's application in the

daily life of professionals, (c) the distribution of office plaques and personal wallet size cards that highlight the code's fundamental principles. In addition, HeSCA should explore ways in which its various client groups can become familiar with the completed code and to enable them to contribute input regarding any detected shortcomings in its provisions (Kultgen, 1982). Finally, it would be beneficial to have a legal counselor review the code to sharpen the precision of its wording and to ensure that its provisions do not inadvertently create any legal dilemmas (O'Neill, 1972). Also, legal advice would be helpful should the Association later decide to develop due process and enforcement procedures.

A crucial component to any attempt to implement a code of ethics should be the formulation of an ethics committee (Cook, 1983/1984; O'Neill, 1972; Reek, 1982). Shoeyenbos and Jewell (1983) have recommended that an ethics committee have the following responsibilities:

1. Communicate the code, pertinent changes, and decisions based on it to all members.
2. Clarify the code and issues relating to its interpretation.
3. Facilitate the code's use.
4. Investigate grievances and possible code violations.
5. Enforce the code by disciplining violators and rewarding those who comply with and uphold it.
6. Review, update, and upgrade the code. (p. 107)

From a survey of professional associations in the scientific and engineering fields conducted by the American Association for the Advancement of Science (AAAS) it was found that 40% of the responding societies had committees for professional ethics whose scope of responsibilities included investigating alleged violations of professional ethics, reviewing and revising the society's code, serving as a hearing board, developing disciplinary procedures, counseling members, issuing public statements on matters of professional ethics, educating members on their rights and responsibilities, and recommending sanctions to be applied in specific cases (Chalk, Frankel, & Chafer, 1980).

The compilation and interpretation of case studies, both real and hypothetical, can be a useful aid to code clarification and another important element in the educational process (Cook, 1983/1984; Landis, 1927; Snoeyenbos & Jewell, 1983). An advisory body such as an ethics committee could render and publish opinions related to the interpretation of the code's provisions, particularly in regard to situations which present a conflict between principles or which deal with "ethical grey areas." As an example, the ethics committee of the American Association for Counseling and Development (AACD) has given opinions on such issues as "advertising practices, confidentiality, professional-organizational affiliation, supervision practices, plagiarism, counselor-client intimacy, sexual harassment, sexual abuse, and general interpretations of the Ethical Standards" (Allen, 1986, p. 293). Furthermore, the AACD ethics committee has published a casebook for its members which describes the application of their code's provisions to a variety of circumstances (Callis, Pope, & DePauw, 1982).

The emphasis on educating HeSCA members on the principles and practice of their code of ethics should not prevent the Association from eventually incorporating sanctions for enforcing high ethical standards. "If the association merely presents a standard with no guard against violation, then the association may hope for but cannot seriously expect compliance in a fiercely competitive market" (Snapper, 1984, p. 50). Some of the more common sanctions imposed by professional associations range from a warning, a reprimand, or a fine, to suspension or expulsion from the professional society, to demotion, loss of certification, or revokement of license to practice (Center for Business Ethics, 1986; Chalk, Frankel, & Chafer, 1980; Knezevich, 1970; Snapper, 1984). Knezevich (1970) noted that "the key to enforcement . . . lies at the grass roots level" (p.20). This is particularly true in regard to the threat of expulsion from a professional

society. "Experience shows that there is a strong restraining force in the possible humiliation of disciplinary proceedings and impairment of professional reputation. The deterrent effect of the rules of the professional societies has been demonstrated to be very powerful" (Carey & Doherty, 1966, p. 8).

The establishment of sanctions is necessary but not sufficient for enforcement--they must be executed. A code without "teeth" is all too often a code without a following. This was illustrated by a study (Dexheimer, 1970) in which the results showed a discrepancy between what members of a professional association publically avowed in their code of ethics and their observed professional conduct. Dexheimer attributed this discrepancy between code acceptance and code adherence to (a) existing ambiguities in the code of ethics and (b) the lack of invoking any substantive sanctions for evident misconduct. The reluctance to invoke sanctions was also revealed by a AAAS survey of science and engineering societies (Chalk, Frankel, & Chafer, 1980) in which "survey data indicated that 63 societies had some form of available sanctions against members violating ethical guidelines--but less than half of them have imposed sanctions since 1970" (p. 66). The lack of staff support and budget and the tendency not to publicize the imposing of sanctions were cited as possible reasons for the low incidence of recorded disciplinary actions.

Explicit procedural guidelines should accompany enforcement sanctions to ensure that alleged code violators are given due process and are judged in a fair manner. Unfortunately, evidence indicates that most association's do not have in place any formal hearing procedure. From the AAAS survey (Chalk, Frankel, & Chafer, 1980) it was found that of the 130 responding science and engineering associations, only 39 had procedures for hearing a complaint. From another survey of 5000 professionals and business executives (Baumhart, 1961) it was found that the majority (60%) of the respondents were highly doubtful of the effectiveness of self-enforcement and would prefer a regulative group from

outside their organization to oversee the enforcement of ethical standards.

A final, but no less important, recommendation regarding the implementation of the HeSCA Code of Ethics, is that amendment procedures be developed to keep the code updated and timely. At the AAAS workshop on professional ethics there was general agreement among the speakers and participants that "the content of codes must be regularly reevaluated by the societies to ascertain their continued validity, timeliness, and relevance for a changing membership" (Chalk, Frankel, & Chafer, 1980, p. 64). The need for continual monitoring and modifying of a code was also advocated by Fulmer (1978) in his book, The New Management:

Ethical codes cannot be adopted then forgotten. Periodic revision not only keeps the code up-to-date but will maintain a sense of involvement on the part of employees or members, provided, of course, they have a voice in the revisions. (p. 457)

Because a code of ethics essentially reflects a society's ideals and standards, the code should be designed so that it can be altered as social conditions change (Harris, 1978). A code's ethical provisions represent the professional consensus at a particular point in time, and these are bound to change as the profession's members gain insight on the code's strengths and weaknesses as the code is applied in their daily work roles. "As the situation of professions changes, their ethical obligations need reformulation in the face of new tasks. It is not that the fundamental principles change but rather their application to new situations" (Shils, 1983, p. 5).

In conclusion, the creation of a code of ethics by a profession is certainly no guarantee that its expressed principles will be followed. Additional measures are needed to bring the code's precepts into the daily life of professional practice. Such measures should include publicity and educational campaigns to familiarize the professionals with their code's content and the scope of its application, the defining of sanctions and enforcement procedures that

will be used to ensure adherence to the code's standards, and a review and revision process to maintain a code that has perceived validity for its constituents. Without such follow-up efforts, the newly developed code will become a collection of ethical platitudes rather than a catalyst for ethical performance.

APPENDIX A

CHRONOLOGY OF THE DEVELOPMENTAL PROCESS FOR THE HeSCA CODE OF ETHICS

Preliminary Phase: Construction of an initial framework for code.
(Jan. - Feb. 1986)

1. Derivation of four foundational ethical principles (e.g., beneficence, autonomy, justice, veracity) from a review of literature.
2. Identification of specific ethical issues which underlie the ethical dilemmas of biocommunicators.
 - a. Summary of results from 1983 survey of HeSCA membership (N=163) concerning ethical problems faced in work role.
 - b. Interviews conducted with five biocommunication specialists in Dallas (11-25-85).
 - c. Review of literature on general issues of professional ethics.
 - d. Review of literature on ethical issues/problems pertaining to the biocommunication field.
 - e. Investigator's personal experiences as a past employee in a biocommunications department.
3. Development of provisions for ethical conduct that address the identified issues.
 - a. Review of codes of ethics collected from other professional associations.
 - b. Categorizing provisions, extracted from the array of codes, under the most logically appropriate issue heading.
4. Formulating a beginning framework for HeSCA's code of ethics by classifying the issues and their accompanying provisions under the most logically relevant ethical principle.

Revision I: Expansion and modification of the initial code document.
(Mar. - May 1986)

1. Sample selected (N=48).
2. Letter and accompanying data collection instrument developed and mailed (3-17-86).
3. Follow-up letter mailed to non-respondents (4-9-86).
4. All responses compiled and analyzed (N=22).
5. Review and assimilation of additional responses collected from participants (N=21) of a 1/2 day ethics workshop (5-3-86).
6. First revision of code document.

Revision II: Establishing the priority of importance of the revised code document's content.

(June - Sept. 1986)

1. Sample selected (N=30).
2. Letter and accompanying data collection instrument developed and mailed (6-18-86).
3. Follow-up letter mailed to non-respondents (7-30-86).
4. All returned responses compiled and analyzed (N=22).
5. Second revision of code document.

Revision III: Review of the second revision of the code document by HeSCA Board of Director's subcommittee.

(Oct. - Nov. 1986)

1. Code document and accompanying data collection instrument forwarded to the subcommittee.
2. Subcommittee members (N=6) review, critique, and rate the code document in terms of its organization, clarity, comprehensiveness, and utility.
3. Timetable approved by Board of Directors for finished code to be presented at the HeSCA National Conference in May 1987.
4. Subcommittee's evaluations are compiled and analyzed.
5. Third revision of code document.

Revision IV: Review and evaluation of the third revision of the code document by HeSCA members and delegates.

(Dec. 1986 - May 1987)

1. Sample selected (N=56).
2. Letter and accompanying data collection instrument developed and mailed (3-27-87).
3. All returned responses compiled and analyzed (N=25).
4. Fourth revision of code document.
5. Completed code ratified at HeSCA National Conference on May 25, 1987.

APPENDIX B

FIRST REVISION CYCLE RESPONSE FORM

1. Briefly describe the ethics-related incident without identifying any of the parties involved.

A client asked me to create an illustration for an audiovisual program which was to depict a scowling, overweight nurse approaching a patient while holding a hypodermic syringe of exaggerated size. I did not feel that acting on this request would show responsible behavior toward the medical field and particularly toward the nursing profession.

2. Identify the issue heading or write a new issue heading under which this incident would most appropriately be classified (i.e. a problem primarily involving the issue of confidentiality; consent; truth telling; etc.)

Autonomy/propriety - basic respect toward others

3. Write a statement for an ethical standard which might adequately address a similar incident in the future.

Avoid reinforcing or promoting sexual, ethnic, religious, or degrading stereotypes

1. Briefly describe the ethics-related incident without identifying any of the parties involved.

2. Identify the issue heading or write a new issue heading under which this incident would most appropriately be classified (i.e., a problem primarily involving the issue of confidentiality; consent; truth telling; etc.).

3. Write a statement for an ethical standard which might adequately address a similar incident in the future.

GENERAL COMMENTS/REACTIONS

In the space below, please share any comments, reactions, suggestions regarding this conceptual framework as a beginning foundation for a code of ethics to serve HeSCA members.

Your shared remarks are appreciated-Thank you!

APPENDIX C

FIRST REVISION CYCLE HeSCA ENDORSEMENT LETTER

Dear:

Your name has been selected from the HeSCA membership list for participation in a special study.

Several years ago, HeSCA formed an Ad Hoc Committee on Ethics. The Committee has spent the last few years compiling appropriate reading in the field of biomedical and other areas of ethics, and exploring ethical issues in order to identify key ethical concerns which face the field of biocommunications.

The Ethics Committee has entered into an agreement with a doctoral candidate, Mr. Jeff Hollway, at the University of Florida in Gainesville to have him develop and write a code of ethics for HeSCA. With the unanimous approval of HeSCA's Board of Directors, Mr. Hollway has created a stratified random sample of HeSCA people to whom he wishes to administer a series of questionnaires over the next few months. It is extremely important that, if you agree to participate in the study, you are willing to complete each of the several phases by means of answering and responding to the survey.

We believe that this study will greatly aid in the development of an ethical code to guide our professional association. I have taken the liberty of enclosing additional background information, should you be interested, about the development of a code of ethics for HeSCA.

Additionally, an Ethics Workshop is scheduled for HeSCA's annual meeting in Denver next May, and the information gleaned from this study will be useful to identify patterns within the field of biocommunications for workshop participants.

On behalf of the HeSCA Ethics Committee, I would like to encourage you to participate in the study which Mr. Hollway has developed and enclosed. If you have any questions about the study or the effort to develop a code of ethics for HeSCA, please feel free to contact Mr. Hollway directly at: (904) 392-2673.

Thank you.

Sincerely,

Thomas Singarella, Ph.D.
Co-Chair, HeSCA Ethics Committee

APPENDIX D

FIRST REVISION CYCLE COVER LETTER

Dear:

The goal of this study is to solicit input from HeSCA members in the development of a framework of ethical principles and standards which will serve to guide the professional conduct of the Association's members.

This study will consist of review and revision tasks administered in three sequential mailings. Essentially, the first round revision requests the participants to expand upon an initial framework for an ethical code. The second and third revision cycles will provide the participants with an opportunity to rank, rate, and revise the code's content. The total time commitment to respond to all three rounds will not likely exceed 60-90 minutes.

To help assure that the final code will closely reflect the professional ethics of the HeSCA membership, it is critical that we obtain feedback from HeSCA members such as yourself. Be assured that your responses will remain anonymous in the reporting of this data. Any coding used is for follow-up purposes only; this is done to produce a good return rate.

Please read the directions on the attached page which describe how to complete the enclosed response forms. Do not hesitate to contact me should you have any questions or concerns regarding the endeavor.

Thank you very much for your cooperation.

Sincerely,

Jeff Hollway
Investigator

APPENDIX E

FIRST REVISION CYCLE DIRECTIONS

LANCASTER B...

Directions:

1. Survey the attached Initial Framework for a Code of Ethics

This conceptual framework is presented to you strictly as a suggested starting point. It is organized around four fundamental ethical principles (i.e., autonomy, beneficence, justice, and veracity) which were selected for their broadly encompassing characteristics. The various issues listed beneath each principle (i.e., propriety, informed consent, confidentiality) were selected for their apparent relevance to biocommunication professionals as a result of reviewing related literature, reviewing the 1983 HeSCA ethics survey conducted by Evi Davenport, and the investigator's interviews with a small sample of biocommunicators. Finally, the listed provisions were derived from surveying a variety of existing codes, and selecting specific statements from the codified standards that had obvious relevance to some of the identified ethical issues.

2. Carefully review this initial framework in terms of its perceived relevance and applicability to your work role, as well as to other biocommunication roles with which you have contact. Specifically, recall particular work-related incidents, having ethical implications which you have observed or personally experienced. Ask yourself if any of the listed provisions would satisfactorily address the incident.
3. If none of the provisions listed under each issue subheading seem to adequately address your encountered incident(s), fill out one (or more) sections in the attached response forms. A separate section should be completed for each incident cited.
4. In the space provided on the last page, share any general comments or reactions regarding this conceptual framework as a beginning foundation for a code of ethics.
5. Return your completed response forms and general comments, in the addressed and stamped envelope, no later than_____.

Thank you for your assistance.

Return to:

Jeff Hollway
Department of Dental Education
University of Florida College of Dentistry
Box J-406, JHMHC
Gainesville, FL 32610

APPENDIX F

INITIAL CONCEPTUAL FRAMEWORK FOR HeSCA CODE OF ETHICS

I. PRINCIPLE OF BENEFICENCE

TO HELP OTHERS FURTHER THEIR IMPORTANT AND LEGITIMATE INTERESTS, INCLUDING THE PREVENTION OR REMOVAL OF POSSIBLE HARMS. THE POSITIVE BENEFITING OF OTHERS BY COMPETENTLY PROVIDING NEEDED SERVICE.

1. Quality of Service

Deliver quality service, competently and timely, within the bounds of circumstances presented by the client.

Accept only professional assignments consistent with one's talent and capacity to provide quality service.

Do not function under conditions or terms which impair or impede proper application of judgment or skills and which tend to lower the quality of service.

Never knowingly condone that which does not meet high professional standards.

2. Professional Competence

Maintain high standards of competence.

Recognize the boundaries of one's competence and the limitations of one's techniques.

Maintain knowledge of current professional information related to the services one renders.

Strive to become and remain proficient in professional practice and the performance of professional functions.

Improve one's competence and advance the knowledge and proficiency of the profession through continuing research and education.

3. Consultation and Referral

Seek consultation, if possible, whenever the welfare or interest of the client will be advanced by utilizing those who have special skills, knowledge, and experience.

Make full use of all professional, technical, and administrative resources that serve the best interests of the client.

II. PRINCIPLE OF AUTONOMY

GENERAL RESPECT FOR HUMAN DIGNITY AND THE UNIQUENESS OF OTHERS. TO RESPECT PERSONS AS UNCONDITIONALLY WORTHY AGENTS WHO HAVE A RIGHT TO SELF-DETERMINATION AS LONG AS THE RESULTING ACTIONS DO NO HARM TO OTHERS.

1. Propriety

Respect the rights and interests of others.

Respond to those seeking professional assistance with impartial courtesy and consistent good will.

Maintain professional and objective personal conduct between oneself and others.

Maintain one's personal concern within the bounds of one's professional responsibilities.

Relate to the clients of colleagues with full professional consideration.

2. Client Self-determination

Promote maximum self-determination on the part of clients.

Avoid exploiting the trust and dependency of clients.

3. Informed Consent

Fully inform all relevant parties as to the purpose and nature of one's services or research, and acknowledge that they have freedom of choice with regard to participation.

Fully disclose any important aspect of the potential or existing working relationship that might affect a client's decision to enter or continue with one's professional service.

Give clients the information necessary for making informed judgments.

Obtain adequate prior and informed consent to use information obtained during the course of one's professional work.

Establish a clear and fair agreement with research participants prior to their participation, that clarifies the obligations and responsibilities of each.

Inform and fully disclose to research participants all aspects of the research that might reasonably be expected to influence their willingness to participate.

When working with minors or other persons who are unable to give voluntary, informed consent, take special care to protect these persons' best interests.

4. Professional Relations

Avoid any false, malicious or indiscriminate injury to, or criticism of, the professional reputation or work of others.

Refrain from commenting disparagingly without justification about the services of another professional colleague.

Treat colleagues with respect, courtesy, fairness, and good faith.

III. PRINCIPLE OF JUSTICE

TO TREAT OTHERS IN A FAIR AND IMPARTIAL MANNER AND TO GIVE WHAT IS DUE OR OWED OR WHAT CAN BE LEGITIMATELY CLAIMED.

1. Confidentiality

Safeguard the client's right to privacy by judiciously protecting information of a confidential manner.

Make provisions for maintaining confidentiality in the storage and disposal of records.

Preserve client confidences within the constraints of the law.

2. Fees

When setting fees, ensure that they are fair, reasonable, considerate, and commensurate with the service performed and with due regard for the clients' ability to pay.

3. Conflict of Interest

Shall not represent conflicting or competing interests without the express consent of those involved, given after a full disclosure of the facts.

When conflicts of interest arise between clients and one's employing institution, clarify the nature and direction of one's loyalties and responsibilities and keep all parties informed of their commitments.

If conflicts of interest cannot be avoided or resolved, one shall fully disclose to all interested parties the relevant reasons and circumstances.

Avoid relationships that may limit one's objectivity or create a conflict of interest.

4. Authorship

Credit must be given to whomever credit is due.

Assign credit to those who have contributed in proportion to their actual contributions.

5. Copyright

Avoid plagiarism and piracy of any nature.

6. Personal Gain

Should not exploit the association or colleagues for one's own personal gain.

The title and other symbols of the association should not be used for personal benefit or gain or by those who may seek to exploit them.

Do not give or imply endorsement to advertising, promotion, or sale of commercial products or services.

7. Discrimination in Service

Adhere to non-discriminatory and non-prejudicial service in every employment situation and endeavor to promote its practice by others.

IV. PRINCIPLE OF VERACITY

THE PROMOTION OF TRUTHFULNESS AND ACCURACY, AND PERSONAL INTEGRITY IN ALL INTERACTIONS.

1. Truth and Accuracy

Adhere to truth and accuracy and to generally accepted standards of good taste.

Strive to accurately and honestly represent the views and interests of ones' client.

Provide well balanced, unbiased, and undistorted information to the fullest extent of one's capabilities.

Recognize that personal values may affect the selection and presentation of information.

Attempt to prevent distortion, misuse, or suppression of information.

Use authoritative sources and provide adequate documentation.

2. Promise Keeping

Adhere to commitments made to the employing organizations.

Honor all promises and commitments included in agreements.

Honor the terms of contracts agreed upon.

3. Professional Representation

Shall not represent the services being rendered to clients, or the fees being charged for providing such service, in a false or misleading material.

Shall not misrepresent one's training and competence in any way that would be false or misleading in any material respect.

Shall not advertise or solicit clients in a manner that is false or misleading in any material respect.

4. Safeguarding the Profession

Expose those deficient in character or competence, or who engage in fraud or deception.

Report to the appropriate reviewing agency instances of gross and/or faulty treatment of clients by fellow colleagues.

Refuse to cooperate with or condone by silence the actions of co-workers, clients, or employers who misuse their positions for personal, nonprofessional advantage.

Promptly expose any illegal or unethical conduct detected.

Promptly sever relations with any organization or individual requiring conduct contrary to the ethical code of professional conduct approved by the Association.

5. Personal Integrity

Deal honestly with clients and colleagues.

Act in accordance with the Association's standards and guidelines for professional conduct.

Uphold the moral and legal standards of the community in which one works.

Conduct oneself in a manner as to maintain or elevate the esteem of the profession.

Directly and constructively seek resolution whenever one encounters substantial disagreements or conflicts concerning professional or personal values.

6. Personal Accountability

Assume responsibility and accountability for one's judgments and actions.

Make prompt and complete correction of one's errors.

Seek changes to those requirements which are contrary to the best interests of the client.

APPENDIX G

FIRST REVISION CYCLE WORKSHOP WORKSHEET

In the spaces provided below (a) describe work related situations which have ethical implications for biocommunicators, (b) identify the issue(s) involved (i.e., informed consent, confidentiality, etc.), and (c) try to compose a statement for an ethical standard of conduct which would address similar incidents in the future. An example follows:

WORK-RELATED SITUATION:

A client requests an illustration for an audiovisual program which depicts a scowling, overweight nurse approaching a patient while holding a hypodermic syringe of exaggerated size.

ISSUE(S) INVOLVED:

Autonomy; stereotyping; basic respect toward others.

ETHICAL STANDARD STATEMENT:

Avoid reinforcing or promoting sexual, ethnic, religious, or degrading stereotypes.

=====

WORK-RELATED SITUATION:

ISSUE(S) INVOLVED:

ETHICAL STANDARD STATEMENT:

APPENDIX H

SECOND REVISION CYCLE RATING FORM

PRINCIPLE OF BENEFICENCE

In its most general form, this principle requires one to abstain from injuring others and to help others further their important and legitimate interests, including the prevention or removal of possible harms. Benevolent service is the "sine qua non" of the professional relationship. Therefore one should contribute to the welfare and benefit of others by providing all needed professional services in a competent and unselfish manner.

Quality of Service

1. The biocommunicator should deliver quality service, competent and timely, and within the reasonable bounds of circumstances presented by the client.
2. The biocommunicator should accept only those professional assignments consistent with one's talent and capacity to provide quality service.
3. The biocommunicator should not function under conditions or terms which impair or impede the proper application of judgment or skills and which tend to lower the quality of service.
4. The biocommunicator should not knowingly condone that which does not meet professional standards.

Professional Competence

1. The biocommunicator should always strive to maintain high standards of competence.
2. The biocommunicator should recognize and acknowledge the boundaries of one's competence and limitations of one's techniques.
3. The biocommunicator should maintain knowledge of current professional information related to the services one renders.
4. The biocommunicator should strive to improve one's competence and advance the knowledge and proficiency of one's professional functions through continuing research and education.

5. The biocommunicator should make use of all professional, technical, and administrative resources that serve the best interests of the client. This includes seeking consultation, if possible, whenever the welfare or interest of the client will be advanced by utilizing those who have special skills, knowledge and experience.

PRINCIPLE OF AUTONOMY

This principle demands the general respect for human dignity and the uniqueness of others. It requires that one respect persons as unconditionally worthy agents who have a right to self-determination as long as the resulting actions do no harm to others.

Propriety

1. The biocommunicator should always endeavor to respect the rights and interests of others, and to respond to those seeking professional assistance with impartial courtesy and consistent good will.
2. The biocommunicator should maintain professional and objective personal conduct between oneself and others and keep one's personal concern within the bounds of one's professional responsibilities.

Self-determination and Consent

1. The biocommunicator should avoid exploiting the trust and dependency of clients and promote the maximum self-determination on the part of clients.
2. The biocommunicator should give the information necessary for others to make informed judgments.
3. The biocommunicator should obtain adequate prior and informed consent to use the information obtained, or materials produced, during the course of one's professional work. This should include fully disclosing how the information or materials will be used and for what length of time they will be in service.
4. The biocommunicator should fully inform all relevant parties as to the purpose and nature of one's services or research, and acknowledge that they have the freedom of choice with regard to participation. This should include fully disclosing any important aspect of the potential or existing decision to enter or continue with the professional service or research.

- When working with minors or other persons who are unable to give voluntary, informed consent, the biocommunicator should take special care to protect these persons' best interests.

Professional Relations

- The biocommunicator should treat professional colleagues with respect, courtesy, fairness, and good faith.
- The biocommunicator should avoid any false, malicious, or indiscriminate injury to the professional reputation or work of others. This includes refraining from commenting disparagingly without justification about the services of another professional colleague.

PRINCIPLE OF JUSTICE

This principle demands both fairness and "what is deserved." It requires that one treat others in a fair and impartial manner and give what is due or owed, or what can be legitimately claimed.

Confidentiality

- The biocommunicator should safeguard individuals' right to privacy by judiciously protecting information of a confidential or private nature within the constraints of the law. Such information should be revealed to others only with the consent of the person or the person's legal representative, and where appropriate, the person should be informed of the legal limits of confidentiality.
- The biocommunicator should make adequate provisions for maintaining confidentiality in the storage and disposal of records.

Conflict of Interest

- The biocommunicator should avoid relationships that may limit objectivity or create a conflict of interest.
- The biocommunicator should not represent conflicting or competing interests without the express consent of those involved, given after a full disclosure of the facts.

3. When conflicts of interest arise between clients and one's employing institution, the biocommunicator should clarify the nature and direction of one's loyalties and responsibilities and keep all parties informed of their commitments.
4. If conflicts of interest cannot be avoided or resolved, the biocommunicator should fully disclose to all interested parties the relevant reasons and circumstances.

Copyright and Authorship

1. The biocommunicator should avoid plagiarism and piracy of any nature.
2. The biocommunicator should obtain appropriate permissions to use the creations of another and give proper credit to the creator(s).
3. The biocommunicator should give credit to whomever credit is due, and assign credit to those who have contributed in proportion to their actual contributions.

Personal Gain

1. When setting fees, the biocommunicator should ensure that they are fair, reasonable, considerate, and commensurate with the service performed, and wherever feasible, should agree with the client in advance on the fee or fee basis.
2. The biocommunicator should not accept or tender fees or commissions to others for client referrals, or enter into arrangements for franchising services to others for personal gain.
3. The biocommunicator should not exploit colleagues or the title and other symbols of the Association for personal benefit or gain.
4. The biocommunicator should not accept fees, commissions, or other valuable consideration from individuals or organizations for recommending or endorsing equipment, supplies, or services in the course of one's service to clients.

Discrimination in Service

1. The biocommunicator should adhere to nondiscriminatory and nonprejudicial service in every employment situation and endeavor to promote its practice in others.

PRINCIPLE OF VERACITY

An agreement to be truthful is particularly critical in establishing and maintaining meaningful professional relationships. Furthermore, truth and accuracy is of paramount importance in the production and distribution of health-related messages that affect others. Therefore, this principle demands the promotion of truthfulness and accuracy, and personal integrity in all interactions and communications.

Truth and Accuracy

1. The biocommunicator should adhere to truth and accuracy and to generally accepted standards of good taste.
2. The biocommunicator should provide well balanced, unbiased, and undistorted information to the fullest extent of one's abilities, and should attempt to prevent the distortion, misuse, or suppression of information.
3. The biocommunicator should strive to accurately and honestly represent the views and interests of the client, and should recognize that one's personal values may affect the selection and presentation of information.
4. The biocommunicator should use authoritative sources and provide adequate documentation to achieve maximum credibility in the production and dissemination of information.

Professional Representation

1. The biocommunicator should not advertise or solicit clients in a manner that is false or misleading in any material respect. This includes not misrepresenting one's training and competence nor misrepresenting the services being rendered to clients or the fees being charged for providing such services.

Safeguarding the Profession

1. The biocommunicator should promptly expose any illegal or unethical conduct detected. This includes reporting to the appropriate reviewing agency instances of gross and/or faulty treatment of clients by fellow colleagues.

2. The biocommunicator should refuse to cooperate with or condone by silence the actions of co-workers, clients, or employers who misuse their positions for personal, nonprofessional advantage.
3. The biocommunicator should promptly sever relations with any organization or individual requiring conduct contrary to the ethical code of professional conduct approved by the Association.

Personal Integrity

1. The biocommunicator should always deal honestly with clients and colleagues, and conduct oneself in a manner as to maintain or elevate the esteem of the profession.
2. The biocommunicator should act in accordance with the Association's standards and guidelines for professional conduct, and uphold the moral and legal standards of the community in which one works.
3. The biocommunicator should adhere to commitments and promises made to the employing organizations and to the clients being served, and honor the terms of contracts agreed upon.
4. The biocommunicator should directly and constructively seek resolution whenever one encounters substantial disagreements or conflicts concerning professional or personal values.

Personal Accountability

1. The biocommunicator should assume responsibility and accountability for one's judgments and actions, and make prompt and complete correction of one's errors.

APPENDIX I

SECOND REVISION CYCLE DIRECTIONS AND RANKING FORM

Directions:

1. Review the attached framework of ethical standards, carefully reading the statements of conduct that address each of the issue areas.
2. Note that each statement included in the framework is followed by a rating scale. On the rating scale following each statement, circle the number that most closely approximates your assessment of that statement's importance for inclusion in a professional code of ethics for biocommunicators.
3. For those statements which were rated a "5" or a "0" please give a brief explanation as to why the particular statement was viewed as being "extremely important" or having "no importance" for inclusion in the code of ethics.
4. Rank-order the issue areas listed below in terms of your estimate as to what should be their ethical importance to most biocommunicators as they carry out their professional responsibilities. Assign the highest number (15) to the issue that should be of highest importance to biocommunicators, and lower numbers to the issues of lesser importance.

_____ Quality of Service	_____ Personal Gain
_____ Professional Competence	_____ Discrimination of Service
_____ Propriety	_____ Truth and Accuracy
_____ Self-determination and Consent	_____ Professional Representation
_____ Professional Relations	_____ Safeguarding the Professional
_____ Confidentiality	_____ Personal Integrity
_____ Conflict of Interest	_____ Personal Accountability
_____ Copyright and Authorship	

5. If you desire, mark directly on the framework any editing changes for improving the clarity of relevance of the framework's content.
6. On the back of this sheet, please share any general comments or suggest additional ethical principles or provisions that should be considered for inclusion in the code of ethics.
7. Return this response sheet and the attached framework with your ratings in the provided envelope as soon as possible. Thank you!

APPENDIX J
SECOND REVISION CYCLE COVER LETTER

Dear:

I would like to express my thanks and appreciation for the response to the first revision cycle which focused upon an initial conceptual framework for a HeSCA code of ethics.

Overall, the consensus seemed to be that the framework is sufficiently comprehensive in its scope. In an attempt to reduce the noted redundancy among many of the statements, I eliminated some statements and consolidated others. This seemed to strengthen the overall coherence of the framework.

In this second revision cycle, I am asking you to look over the revised conceptual framework and assign priority rankings to each of the major issue headings, and rate the importance of each of the statements listed under their respective issue headings. Specific directions are attached to the framework.

To assure that this project proceeds on schedule, please try to complete this task as soon as possible and return your response to me in the stamped, addressed envelope.

Again, I thank you for your continued assistance and input in this important HeSCA project.

Sincerely,

Jeff Hollway
Investigator

APPENDIX K

THIRD REVISION CYCLE RATING FORM

Directions:

After you have perused this draft of the code, please respond to the five items below.

The paragraphs in the code document have been sequentially numbered for easy reference.

Please return your completed ratings along with your comments in the enclosed envelope.

Thank you.

=====
Circle the number which most closely reflects your degree of agreement with each statement.

Comments

- | | Strongly Disagree | Strongly Agree |
|---|-----------------------|----------------|
| 1. The <u>organization</u> of the Code is logically coherent. | 0---1---2---3---4---5 | |
| 2. The Code's content is <u>clearly stated</u> and easy to understand. | 0---1---2---3---4---5 | |
| 3. The Code's content is <u>comprehensive</u> enough to satisfactorily relate to the ethical issues biocommunicators encounter in their professional roles. | 0---1---2---3---4---5 | |
| 4. This Code of Ethics will be a <u>useful resource</u> to help guide the professional conduct of HeSCA members. | 0---1---2---3---4---5 | |
| 5. For any of the above statements that were rated less than 3, please describe the Code's specific shortcomings and give suggestions for improving the particular area.
(Use back of this form if necessary.) | | |

APPENDIX L

HeSCA BACKGROUND INFORMATION ABOUT THE CODE DEVELOPMENT PROCESS

Health Sciences Communications Association
Code of Ethics

Introductory Background Information

What is presented on the following pages is a preliminary draft of the HeSCA Code of Ethics. This draft is offered for your final review and consideration. The Code will be presented to the Delegates Forum for ratification on May 24, 1987, and for final approval to the general membership at the annual business meeting on May 25, 1987.

Historical Context

A little bit of history is in order so that you may have a proper understanding of how the code was developed. The HeSCA Code of Ethics has been under consideration, development, and production for over five years. After two articles appeared in the Journal of Biocommunication addressing the need for a code of ethics for HeSCA, then HeSCA President Bill Harrison appointed a special Ad Hoc Committee on Ethics. This first committee was chaired by Tom Singarella. The committee spent two years doing a literature review, compiling readings in the area of professional association ethics, and discussing the best approach to developing a code of ethics for HeSCA. This early committee also worked with a professional biomedical ethicist in identifying issues which confront the field of biocommunications as well as studying various theoretical frameworks for ethical codes. The next year the committee was Chaired by Evi Davenport who undertook a survey of the HeSCA membership in order to solicit input and identify key issues and concerns from HeSCA members. Evi's committee also discussed seeking funding for properly developing the code. The following years the committee was chaired by Hank Dembosky and co-chaired by Tom Singarella. During this period, the committee sought funding to support the development of an ethical code for HeSCA. Potential funding sources were identified, and two grant proposals were developed and submitted for funding, but were not funded. The Ethics Committee then identified a doctoral student at the University of Florida, Gainesville, who expressed an interest in working with the Ethics Committee on the development of an ethical code for HeSCA as part of his dissertation. This student, who is also a professional in his own right, is Jeff Hollway. Jeff has been working on the development of HeSCA's Code of Ethics for well over a year now. All of the work of the past five years of committee work has been made available to Jeff. This past year, Jeff undertook the development of a code document, which was distributed several times to a selected stratification of HeSCA members. The culmination of Jeff's work is the attached HeSCA Code of Ethics, which he wrote based on the input of many people, including the Ethics Committee. This past year the Ethics Committee has been chaired by Hank Dembosky, with Tom Singarella as the Board liaison. Tom and Hank have worked very closely with Jeff this past year, and a special workshop on Ethics was presented to the HeSCA membership at the 1986 annual conference.

Review and Approval of the Code of Ethics

The Board of Director's reviewed a first draft of the Code of Ethics at their Board meeting in November of 1986, and voiced support. The Board formed an Ethics Subcommittee which examined the code of ethics and offered further input. The code was revised slightly, and another draft was presented to the Board's Executive Committee in February, 1987. The Executive Committee voiced approval, and the Code will go to the full Board for approval on May 21, 1987, and then will be presented to the Delegates Forum for ratification on May 24th. Finally, it will be presented at the annual Business Meeting of the Association on May 25th, 1987 for final approval. In summary, there have been multiple opportunities for input and many HeSCA people over many years have provided input into the code. This is *your* code of ethics.

Respectfully submitted: Tom Singarella and Hank Dembosky, March 2, 1987

APPENDIX M

FOURTH REVISION CYCLE COVER LETTER

Dear:

Enclosed you will find a copy of the latest draft of the HeSCA Code of Ethics which is being prepared for presentation at the annual HeSCA meeting this May.

As a culminating step in this lengthy development process, I am asking you and the other HeSCA members to please peruse this document and give me your rating of its organization, clarity, comprehensiveness, and utility, as well as any specific comments you wish to make about the code. Attached to the code is a form for your ratings and remarks. Please try to complete and return this form to me as soon as possible. An addressed envelope is provided for your convenience.

I greatly appreciate your cooperation and input in this endeavor.

Sincerely,

Jeff Hollway
Investigator

APPENDIX N

HeSCA CODE OF ETHICS APPROVED IN MAY, 1987

Health Sciences Communications Association
"a professional association of biocommunicators"

THE HESCA
Code of Ethics

Preamble

As an associate of the health care team, the biocommunicator shares a basic commitment to the improvement of health care delivery to the public. This allegiance to the public's welfare is portrayed by providing the specialized support needed for enhancing the education and training of health care students and professionals, and for creating and disseminating both educational and public health information. Biocommunicators, therefore, assume an ethical obligation to offer communication and technology services which not only meet the needs of a client population, but do so in a manner consistent with high ideals and principles.

Professionalism entails accountability. Professional ethics are the responsibility of each individual operating within the health care field. Biocommunication professionals cannot shift the burden of ethical responsibility for their own professionalism to other segments of the health care team. Thus, HeSCA's Code of Ethics becomes an important standard of professional accountability for the biocommunicator in his/her relationship with clients, colleagues, members of allied professions, and the public.

The Code is founded on four fundamental ethical principles: Veracity, Justice, Beneficence, and Autonomy. From these universal principles of ethical behavior flow the standards and ideals which serve to guide the professional conduct of HeSCA members. While the basic obligation to follow these fundamental ethical principles is constant, their fulfillment may vary with the changing needs of the society that the profession is dedicated to serve. Since it is virtually impossible to anticipate in the Code every type of situation that may be encountered in professional practice, the spirit of these ethical ideals should be the ultimate consideration for the ethical guidance of HeSCA members. Furthermore, biocommunicators are encouraged to use the Code as an ethical framework to formulate additional provisions or policy statements that more specifically address their working environment, so long as they remain in accordance with, and not in conflict with, the spirit and intent of the Code's fundamental principles and professional standards.

Therefore, recognizing that a position of trust imposes ethical obligations upon biocommunicators, the members of HeSCA hereby establish and promulgate the following principles and standards of professional conduct and resolve to be guided by them as embodiments of the ethical ideals of the Association.

PRINCIPLES AND STANDARDS FOR ETHICAL CONDUCT

PRINCIPLE OF VERACITY

This principle demands the promotion of truthfulness and accuracy, and personal integrity in all interactions and communications.

Standard 1: Truth and Accuracy

Truth and accuracy are of paramount importance in the production and distribution of health-related messages that affect the well being of others.

Therefore:

The biocommunicator should provide well balanced, unbiased, and undistorted information to the fullest extent of his/her abilities, and should attempt to prevent the distortion, misuse, or suppression of information.

The biocommunicator should strive to represent accurately and honestly the views and interests of the client.

The biocommunicator should strive to assure that clients use authoritative sources and provide adequate documentation to achieve maximum credibility in the production and dissemination of information.

Standard 2: Personal Integrity and Accountability

An agreement to be truthful is particularly critical in establishing and maintaining meaningful professional relationships based upon a foundation of mutual trust.

Therefore:

The biocommunicator should always deal honestly with clients and colleagues. This includes adherence to commitments and promises made to the employing organizations and to the clients being served, and to honor the terms of prearranged contracts.

The biocommunicator should assume responsibility and accountability for his/her judgments and actions, and make prompt and complete correction of his/her errors. This includes directly and constructively seeking resolution whenever he/she encounters substantial disagreements or conflicts concerning professional or personal values.

Standard 3: Safeguarding Professional Integrity

The good name of the profession, as well as its integrity in the marketplace, ultimately depends on the way it conducts its services and the way the public perceives that conduct.

Therefore:

The biocommunicator should conduct himself/herself in a manner as to maintain or elevate the esteem of the profession. The biocommunicator should not be subject to influences, interests or relationships which conflict with the best interests of the profession.

The biocommunicator should refuse to cooperate with or condone the actions of co-workers, clients, or employers who misuse their positions for personal, nonprofessional advantage.

The biocommunicator should not advertise or solicit clients in a manner that is false or misleading in any material respect. This includes not misrepresenting his/her training and competency nor misrepresenting the services being rendered to clients or the fees being charged for providing such services.

PRINCIPLE OF JUSTICE

This principle demands both fairness and "what is deserved." It requires that one treat others in a fair and impartial manner and give what is due or owed, or what can be legitimately claimed.

Standard 4: Copyright and Authorship

Plagiarism and piracy of any nature must be avoided in the production and/or delivery of biocommunication materials or media.

Therefore:

The biocommunicator should obtain appropriate permissions to use the creations of others and give proper credit to the creator(s).

The biocommunicator should give credit to whomever credit is due, and assign credit to those who have contributed in proportion to their actual contributions.

The biocommunicator should inform users of his/her service of the stipulations and interpretation of copyright law and other laws affecting his/her professional role and encourage compliance.

Standard 5: Conflict of Interest

A professional responsibility exists both to the individual(s) to whom one is providing a service and to the institution within which the service is performed. This situation can occasionally produce competing interests in which case the professional has an obligation to safeguard the client's interests against one's self interest or those of the employing institution.

Therefore:

The biocommunicator should inform clients and other affected parties of any relationships, circumstances, or interests that might influence his/her judgment or the objectivity and quality of his/her services.

The biocommunicator should avoid competing engagements in outside business or occupational relationships which could limit objectivity or create a conflict of interest in rendering professional service to his/her client and/or employing institution.

If a conflict of interest cannot be avoided or resolved, the biocommunicator should clarify the nature and direction of his/her loyalties and responsibilities and fully disclose the facts and circumstances to all involved parties. The client's interests and the maintenance of professional standards should be given primary consideration in such matters.

Standard 6: Compensation and Personal Gain

The professional should not take unfair advantage of his/her position and/or the association for private personal gain or promoting selfish interests.

Therefore:

When setting fees, the biocommunicator should ensure that they are fairly applied and commensurate with the service performed and should agree with the client in advance on the fee or fee basis.

The biocommunicator should not accept or tender fees or commissions to others for client referrals.

The biocommunicator should not accept fees, commissions, or other valuable consideration from individuals or organizations for recommending or endorsing equipment, supplies, or services in the course of one's service to clients.

The biocommunicator should not exploit the title and other symbols of the association for personal profit or gain.

Standard 7: Discrimination in Service

Professional service and support should not be denied to colleagues or clients nor performed at any lesser level of competence, as a result of their race, creed, sex, age, or national origin.

Therefore:

The biocommunicator should adhere to nondiscriminatory and nonprejudicial behavior in every employment situation and endeavor to promote its practice in others.

The biocommunicator should not allow personal relationships to compromise in any way the proper execution of his/her professional responsibilities and duties.

PRINCIPLE OF BENEFICENCE

In its most general form, this principle requires one to abstain from injuring others and to help others further their important and legitimate interests, including the prevention or removal of possible harms. Benevolent service is the "sine qua non" of the professional relationship.

Standard 8: Quality of Service

It is always expected that the best possible service will be rendered to advance the client's interest quite apart from the amount of the reward.

Therefore:

The biocommunicator should deliver quality service, in a competent and timely manner, within the reasonable bounds of circumstances presented by the client.

Whenever the quality of service may be significantly compromised by constraints imposed by the client or by other parties or circumstances, the biocommunicator should inform the client and other involved parties of the dilemma and attempt to negotiate a mutually satisfactory resolution to the matter.

The biocommunicator should not function under conditions or terms which impair or impede the proper application of his/her professional judgement or skills in the delivery of service to his/her client.

The biocommunicator should strive to ensure the protection and safety of all involved parties when executing his/her professional duties.

Standard 9: Professional Competence

The recognition of ability and limits is particularly important among professionals because of their influential control in advancing client interests, and because of the client's trust and expectation in the professional's capacity to serve their interests.

Therefore:

The biocommunicator should recognize and acknowledge the boundaries of his/her competencies and limitations of his/her competency and, thereby, should accept only those professional assignments which are consistent with his/her talent and capacity to deliver quality service or to provide expert testimony.

The biocommunicator should make use of all professional, technical, and administrative resources that serve the best interests of the client. This includes seeking consultation, whenever the welfare or interest of the client will be advanced by utilizing those who have special skills, knowledge and experience.

The biocommunicator should strive to improve his/her competence and advance the knowledge and proficiency of his/her professional functions through continuing education and training.

PRINCIPLE OF AUTONOMY

This principle demands the general respect for human dignity and the uniqueness of others. It requires that one respect persons as unconditionally worthy agents who have a right to self-determination as long as the resulting actions do no harm to others.

Standard 10: Propriety and Respect For The Rights of Others

One should always endeavor to treat others with respect, courtesy, fairness, and consistent good will.

Therefore:

The biocommunicator should strive to respect the rights and interests of his/her co-workers and clients and other third parties involved in the delivery of professional services. This also includes respecting the rights of patients, the dignity of the deceased, and the welfare of animals.

The biocommunicator should not engage in nor condone the sexual harassment of others.

The biocommunicator should avoid any false, malicious, or indiscriminate injury to the professional reputation or work of others. This includes refraining from commenting disparagingly without justification about the services of another professional colleague.

Standard 11: Self-determination and Informed Consent

Those who may be affected by the professional's services have a legitimate right to be informed of their situations and to participate, up to the limits of their competencies, in the decision-making process.

Therefore:

The biocommunicator should avoid exploiting the trust and dependency of clients and promote the maximum self-determination on the part of clients. This includes presenting options and providing necessary information for clients to make informed judgments.

The biocommunicator should obtain adequate prior and informed consent to use information obtained or materials produced during the course of his/her professional work. This should include disclosing how the information or materials will be used, and for what length of time they will be in service, as well as providing a clear understanding on all rights and any restrictions related to the dissemination of media materials. When working with minors or other persons who are unable to give voluntary, informed consent, special care should be taken to protect these persons' rights and promote their best interests.

In regard to conducting or participating in a research project, the biocommunicator should ensure that all relevant parties are informed as to the purpose and nature of the research, and that they have freedom of choice to accept, refuse, or terminate participation. This should include disclosing any important aspect of the potential or existing working relationship that might affect their decision to enter or continue with the research study.

Standard 12: Confidentiality

Invading a person's right to privacy deprives him/her of personal dignity and the freedom of self-determination to which he/she is entitled.

Therefore:

The biocommunicator should safeguard individuals' right to privacy by judiciously protecting information of a confidential or private nature within the constraints of the law. Such information should be revealed to others only with the consent of the person or the person's legal representative, and where appropriate, the person should be informed of the legal limits of confidentiality.

The biocommunicator should make adequate provisions for maintaining confidentiality in the storage and disposal of records.

* * * *

Support of the Code of Ethics

The principles and standards presented in this code are not laws but standards of conduct which define the essential ideals for the professional and honorable behavior of HeSCA members. The requirements of the Code may often exceed, but are never less than those of the law. Every HeSCA member has a personal obligation to support and follow the Code, recognizing that the greatest penalty possible for its violation is the loss of respect of professional colleagues and the trust of employees, clients, and society.

APPENDIX O

ETHICAL SCENARIOS RESPONDED TO IN 1983 HeSCA ETHICS SURVEY

<u>Scenario</u>	<u>In Code</u>	<u>Experienced</u>	<u>Issue</u>
1. A faculty member requests the Bio-communications Department to duplicate a copyrighted videotape without permission from the copyright owner.	146	136	Copyright infringement
2. A colleague finds that a graphic artist has traced a detailed medical drawing from a textbook without intending to identify the original work or to obtain permission for its use.	142	57	Copyright infringement
3. A photographer is asked to take a patient's photograph though he/she believes the patient did not understand the informed consent paper he just signed.	130	41	Lack of informed consent
4. An illustrator is asked to purposely distort visual data to enhance the credibility of someone's presentation.	130	29	Misrepresentation
5. A producer of patient education materials wants to present the successes of a particular method of therapy but omit parts that emphasize the failure or shortcomings of the method.	114	41	Misrepresentation
6. A writer "mindtaps" another person's idea's to get materials for a later publication or production for which the writer will take sole credit.	106	73	Not crediting others' work
7. A faculty member has been loaning his copy of a patient examination videotape produced at your facility to a commercial company for use in its in-house training program.	105	43	Unauthorized distribution
8. An artist is asked to create or continue the negative stereotype images of professional or ethnic groups in a media production.	88	48	Unfair discrimination
9. A production staff member is asked to work on a media teaching project which violates his/her own personal values.	87	24	Personal values violated
10. A biocommunications manager is asked to produce a media production, the cost of which cannot be justified to his satisfaction by its proposed use.	75	97	Unjustified cost
11. A staff member discovers that a colleague is using departmental video equipment for unauthorized, personal, non-professional use.	65	102	Unfair practice

APPENDIX P

SITUATIONS, ISSUES, AND PROVISIONS ELICITED FROM FIRST REVISION CYCLE
MAILING

1. Situation: A doctor brought in NCME tapes and asked the T. V. personnel to edit out the commercials. These tapes were supported by the program commercials.

Issue(s): Professional responsibility.

Provision: None given.
2. Situation: Photographer was requested by client to take a close-up photograph of the tongue of an AIDS patient. Because of health risk factor, he was reluctant to perform this assignment.

Issue(s): Professional responsibility.

Provision: None given.
3. Situation: Patient in a T.V. production is wearing a "johnny" (loose fitting hospital garment), and while waiting to be on camera is exposed to people.

Issue(s): Respect for privacy and dignity.

Provision: Provide private dressing areas for patients.
4. Situation: A client was not happy with the work he/she received, and wanted the work redone for no extra charge. Should there be a charge?

Issue(s): Quality of work; fees.

Provision: Redo work to the client's satisfaction with no extra charge.
5. Situation: An individual new to the work setting was being treated differently by the section head (given special assignments) because there was great concern on the part of the management that this individual needed to support a large family.

Issue(s): Discrimination in service.

Provision: Avoid discriminating practices in the treatment of employees. Apply strict principles of fairness in the work setting.
6. Situation: Photographing individuals without having them sign a consent form.

Issue(s): Informed consent.

Provision: Everyone should sign informed consent forms with a full understanding about what they are signing.

7. Situation: A patron requested information about a particular medical problem. The first chance that the service professional had, she shared the name and problem with another staff member in a derisive manner.
- Issue(s): Confidentiality; personal respect.
- Provision: Maintain respect for clients as individuals with a right to privacy.
8. Situation: A photographer shows slides of side effects of AIDS disease on patients to others in his photographic department.
- Issue(s): Confidentiality.
- Provision: Maintain the confidentiality of medical slides. Do not show to others for sensationalism.
9. Situation: Practitioner requests a videotape and states that the program will be used for educational purposes only within his classroom. However, he uses the recording for "not-strictly-educational" use such as a presentation to a community group, presentation at a national meeting, or editing the program for distribution to other agencies.
- Issue(s): Truth and accuracy; copyright; personal integrity.
- Provision: None given.
10. Situation: A physician requests the videotaping of his/her treatment of a patient, without getting specific consent. The physician says that the patient signed a "blanket" consent form when admitted to the hospital.
- Issue(s): Confidentiality; informed consent; propriety.
- Provision: All recordings will be preceded by specific informed consent including information on how the recording will be used, and the length of time they will be kept.
11. Situation: Faculty members prepare projection slides and handout materials using copyrighted material without requesting permission or appropriately crediting the original source.
- Issue(s): Justice; authorship; copyright.
- Provision: Avoid knowingly participating in plagiarism by seeking appropriate permissions to use the creations of another and by giving adequate credit to the creators.

12. Situation: Artist was asked to take a well known cartoon character and integrate it into an illustration for a publication by a client.
- Issue(s): Authorship.
- Provision: One should not infringe upon the rights of others.
13. Situation: A person providing content input to a slidetape program wished to be listed as author. The person provided content input, but a writer developed and wrote the script. Should the content person be listed as "author" or "content consultant"?
- Issue(s): Truthtelling.
- Provision: None given.
14. Situation: A colleague showed me a written proposal which she was planning to use as an example of her own writing for a job application. I was aware that the bulk of the report had been written by someone else.
- Issue(s): Authorship; plagiarism; truthtelling.
- Provision: Avoid the misrepresentation of professional talents and skills. Acknowledge contributions and collaborations.
15. Situation: A client asked a photographer to have our artist touch-up a wave length scan by airbrushing out part of the information. This would facilitate photographing the scan for publication purposes. Critical information shown on the scan would not be altered in this case.
- Issue(s): Truthtelling; falsification of data.
- Provision: None given.
16. Situation: A practitioner requests the development of a videotape about a treatment procedure. The producer finds out that the treatment procedure is controversial and there are claims that it even may be dangerous. The practitioner says those claims are not proven, so the videotape should be made as requested.
- Issue(s): Truth and accuracy; professional representation; personal integrity; personal accountability; quality of service; propriety.
- Provision: None given.

APPENDIX Q

GENERAL COMMENTS ELICITED FROM FIRST REVISION CYCLE MAILING

1. The four principles you set out are appropriate.
2. I believe this project is worthwhile.
3. It seems that the framework should be broadened.
4. The study appears to be well constructed and should prove to be useful to HeSCA.
5. I encourage the development of a code of ethics for our profession.
6. The frame work you have outlined is pretty solid.
7. The framework is well thought out and all encompassing for a variety of health professionals.
8. I think the conceptual framework you have here is very comprehensive. I could think of no incidents which aren't already included in this framework.
9. Framework seems to be well organized and touches all areas.
10. I believe the conceptual framework is excellent. It seems all-inclusive so I have nothing to add.

However, I can comment that, although none of the concepts should be omitted, the document is far too long. Much of the length and feeling of redundancy seems to be a result of dividing the principles into categories, which results in much repetition. This problem can be resolved by a good job of editing which may include dropping the categories. They may have already served their purpose and probably will not be useful when put into service.

11. You are right on target. Am pleased to see we are really writing a code.
The "research" areas do not affect my area, but probably affect many other HeSCA members.
Many of us have fees set by our institutions and therefore have little or no control over the fees and little or no ability to consider the client's ability to pay.
12. A code of ethics is a good idea, but adherence to the code will only be possible within the framework of the limitations of the political and ethical standards of the institution that one works for. Unfortunately, I have not found that ethics are as much a priority as territorial concerns, politics, and monetary considerations in most institutions. This apparently mirrors the values of our current society. Perhaps a code of ethics for HeSCA will be a beginning for infusing ethical considerations back into the realm of political expediency.

APPENDIX R
SITUATIONS AND ISSUES ELICITED FROM FIRST REVISION CYCLE WORKSHOP

1. Situation: Patient wasn't told and isn't aware (unconscious) why he is being photographed or videotaped, nor how these materials will be later used and for how long.
Issue(s): Informed consent.
2. Situation: Patient photos showing the effects of a disease are displayed to others who have no justifiable reason to see them.
Issue(s): Confidentiality.
3. Situation: Pirating teleconferences off the airways using a satellite dish; duplicating computer software, videotapes, photos, written materials, etc.
Issue(s): Copyright.
4. Situation: Media program converted to a different media form with minimal change, but repackaged and marketed as a new program.
Issue(s): Misrepresentation.
5. Situation: Faculty ordering audiovisual materials for "free preview" so they can duplicate the programs.
Issue(s): Misrepresentation; copyright.
6. Situation: A faculty client unknowingly requests a higher priced service when a lower priced service will provide the same quality. The production department's income is down and everyone is seeking to generate more revenue. Therefore, the program producer does not point out the lower cost service option.
Issue(s): Fees; self interest.
7. Situation: A staff member is operating at full capacity when the department manager comes in with a "rush job" for a preferred client. Giving priority to this request is going to affect the service timelines promised to the other clients.
Issue(s): Discrimination in service.

8. Situation: A doctor requests that numerous slides be made from photos in a variety of medical texts. According to the hospital attorney's interpretation of the "fair use" law, it's okay as long as they are used only for in-house educational purposes. However, you know that their use will likely go beyond this.

Issue(s): Copyright.

9. Situation: A doctor requests that slides be taken of a patient who is comatose. A general media release form has been signed but the patient has not given informed consent for this specific situation.

Issue(s): Informed consent.

10. Situation: A dean requests that backup copies be made of all audiovisual materials and computer software.

Issue(s): Copyright.

11. Situation: A staff member checks out audiovisual equipment for personal use.

Issue(s): Misrepresentation.

APPENDIX S
GENERAL COMMENTS ELICITED FROM FIRST REVISION CYCLE WORKSHOP

Ethical standards cannot be stated in concrete, black and white terms. What is wrong in one situation, might be right in another situation.

Giving credit to those who worked on a production-- where do you draw the line?

Issues of ethical importance will differ from institution to institution, and from individual to individual.

An ethical code is a necessary step toward greater professionalism, but not completely sufficient. It still requires individuals to make personal judgments and individual decisions. A code can provide a general set of ideals or guidelines to facilitate our decision-making.

Sometimes it becomes quite difficult to remain ethical within an unethical work environment because of peer pressure. For example, there is much unauthorized and illegal duplicating of video material taking place. When "everybody" is doing it, to refuse to cooperate makes you the "bad guy". A code which included ethical standards regarding the duplication of copyrighted materials would offer a collective position taken by the profession's members to which one could point.

An advantage to developing a professional code is that it will provide consistency from the outside which says, 'As a profession we see. . .' Therefore, when you run into ethical problems, this becomes the guide which is the supporting mechanism. Thus, it is not just you as an individual standing alone against an administrator or manager. You have some backing in numbers.

I don't see us setting standards per se but rather, setting ideals. We are not looking for a policy manual, rather we want to produce a set of general, agreed upon, guidelines from which more specific standards can be derived.

If some basic principles can be agreed upon, then some general ideals for conduct can be derived from these principles. Each department could then write very specific policy regulations which reflect the basic ideals of the code.

For the code to be useful, it must not be so detailed that one must reference it. It needs to provide some basic statements that people can carry with them.

APPENDIX T

TWELVE STATEMENTS OF ETHICAL STANDARDS

Standard 1: Truth and Accuracy. Truth and accuracy is of paramount importance in the production and distribution of health-related messages that affect the well being of others.

Standard 2: Personal Integrity and Accountability. An agreement to be truthful is particularly critical in establishing and maintaining meaningful professional relationships based upon a foundation of mutual trust. Whenever communication is eroded by lying or dishonesty, that basis of trust is destroyed and a credible professional relationship becomes impossible.

Standard 3: Safeguarding Professional Integrity. The good name of the profession as well as its integrity in the marketplace ultimately depends on the way it conducts its services and the way the public perceives that conduct.

Standard 4: Copyright and Authorship. Plagiarism and piracy of any nature must be avoided in the production and/or delivery of biocommunication materials or media.

Standard 5: Conflict of Interest. Acceptance of employment in an institution implies a general agreement and loyalty to the mission and policies of that institution. An obligation of fidelity to the client's interests is also present. Thereby, a professional responsibility exists both to the individual(s) to whom one is providing a service and to the institution within which the service is performed. This can occasionally produce situations involving competing interests in which case the professional has a special obligation to ensure that the client's interests are not subordinated by his/her own selfish interests or to those of the employing institution.

Standard 6: Compensation and Personal Gain. Excessive and unjustly applied fees abuse the professional relationship and discourage the public from utilizing the services of the profession in the future. On the other hand, adequate compensation is necessary in order to enable the profession to serve clients effectively and to preserve the integrity and independence of the profession. The professional should not take unfair advantage of position and/or association for private personal gain or promoting selfish interests.

Standard 7: Discrimination in Service. Professional service and support shall not be denied to colleagues or clients nor performed at any lesser level of competence as a result of their race, creed, sex, or national origin.

Standard 8: Quality of Service. The professional is always expected to render his/her best service in order to advance the client's interest quite apart from the amount of the reward.

Standard 9: Professional Competence. If to be a professional is to possess a certain expertise, then one must appreciate where that expertise begins and ends. The recognition of ability and limits is particularly important among professionals because of their influential control in advancing client interests, and because of the client's trust and expectation in the professional's capacity to serve their interests. Failure to maintain professional competence and to openly acknowledge limitations is a misuse of one's professional authority and an abuse of client trust. This reflects upon the entire profession and contributes to the weakening of the profession's credibility and reputation.

Standard 10: Respect for Others. The professional should always endeavor to treat others with respect, courtesy, fairness, and good faith.

Standard 11: Self-determination and Informed Consent. Clients and/or patients with whom the professional's services affects have a legitimate right to be informed of their situations and to assist, up to the limits of their competence, in the selection of services to be rendered.

Standard 12: Confidentiality. Invading a person's right to privacy deprives him/her of personal dignity and the freedom of self-determination to which he/she is entitled.

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BIOGRAPHICAL SKETCH

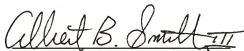
Jeffrey A. Hollway was born in Rochester, New York, but spent the significant portion of his youth as a New Englander in Holyoke, Massachusetts. He received his Bachelor of Arts degree in 1964 from the University of Massachusetts and his Master in Education from the Massachusetts State College in Westfield, Massachusetts.

Mr. Hollway began his educational career in 1967 as a high school mathematics instructor in St. Augustine, Florida. A few years later, he was appointed as vocational guidance coordinator for St. Johns County, Florida. In 1970, Mr. Hollway moved to Gainesville, Florida, to begin graduate study in the Foundations of Education department at the University of Florida College of Education. The following summer he was awarded a graduate traineeship to collaborate with nationally prominent dental faculty in designing a modular, self-paced curriculum for the newly established College of Dentistry at the University of Florida. This marked the beginning point for Mr. Hollway's career in professional higher education. He interrupted his graduate studies to accept a full-time position with the University of Florida College of Dentistry where, over the following 5 years, he served as an educational consultant for instructional and faculty development.

In 1976, Mr. Hollway seized the opportunity to head a 3-year faculty development program for improving the teaching effectiveness of dental educators at the University of Texas School of Dentistry at San Antonio. Upon the successful development and implementation of this program, he moved on to join the Department of Biomedical Communication at the University of Texas Health Science Center at Dallas, where he served as an assistant professor and associate director of instructional development services.

In 1982, Mr. Hollway returned to Florida to commence work toward an Ed.D. in higher education administration. While matriculating through his doctoral program, he worked on a part-time basis as coordinator for strategic planning in dental education at the University of Florida College of Dentistry. During his tenure at the dental college, he provided leadership in the development of an instructional program in professional ethics which was successfully integrated within the dental education curriculum. Upon completion of the Ed.D. program, Mr. Hollway plans to continue his career in dental education.

I certify that I have read this study and that in my opinion it conforms to acceptable standards of scholarly presentation and is fully adequate, in scope and quality, as a dissertation for the degree of Doctor of Education.



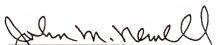
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This dissertation was submitted to the Graduate Faculty of the College of Education and to the Graduate School and was accepted as partial fulfillment of the requirements for the degree of Doctor of Education.

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